

Name  
in  
Full

Henry Akhurst

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 2	Age 65	Years	Months 8
Sex Male	Color or Race White	Occupation Florist	Birth- place England	Days 17	
Married, Single or Widowed Married					
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name	170		Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

Primary	Organic Intestinal Neglect		How long 1 year
Immediate	Cordua Asthma		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Hamilton Brown
		Address	912 Howard Ave
Accident or Suicide?			



Name  
in  
Full

Nathan L. Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Burnside	Baltimore			
Date of death	1903	Month	5	Day	23
		Age	7	Years	
Sex	Male	Color or Race	White	Birth-place	Balt. Co.
Married, Single or Widowed	Single	Occupation			
Name of Wife or Husband					
Father's Name	David C. Allen	47	Father's Birthplace	Balt. Co.	
Mother's Maiden Name	Elyzeth Devere		Mother's Birthplace	"	
Name of person giving information	David C. Allen		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism & heart disease	How long
Immediate	Cardiac exhaustion	How long

Are the name, age, sex, color, date and place correctly given above?

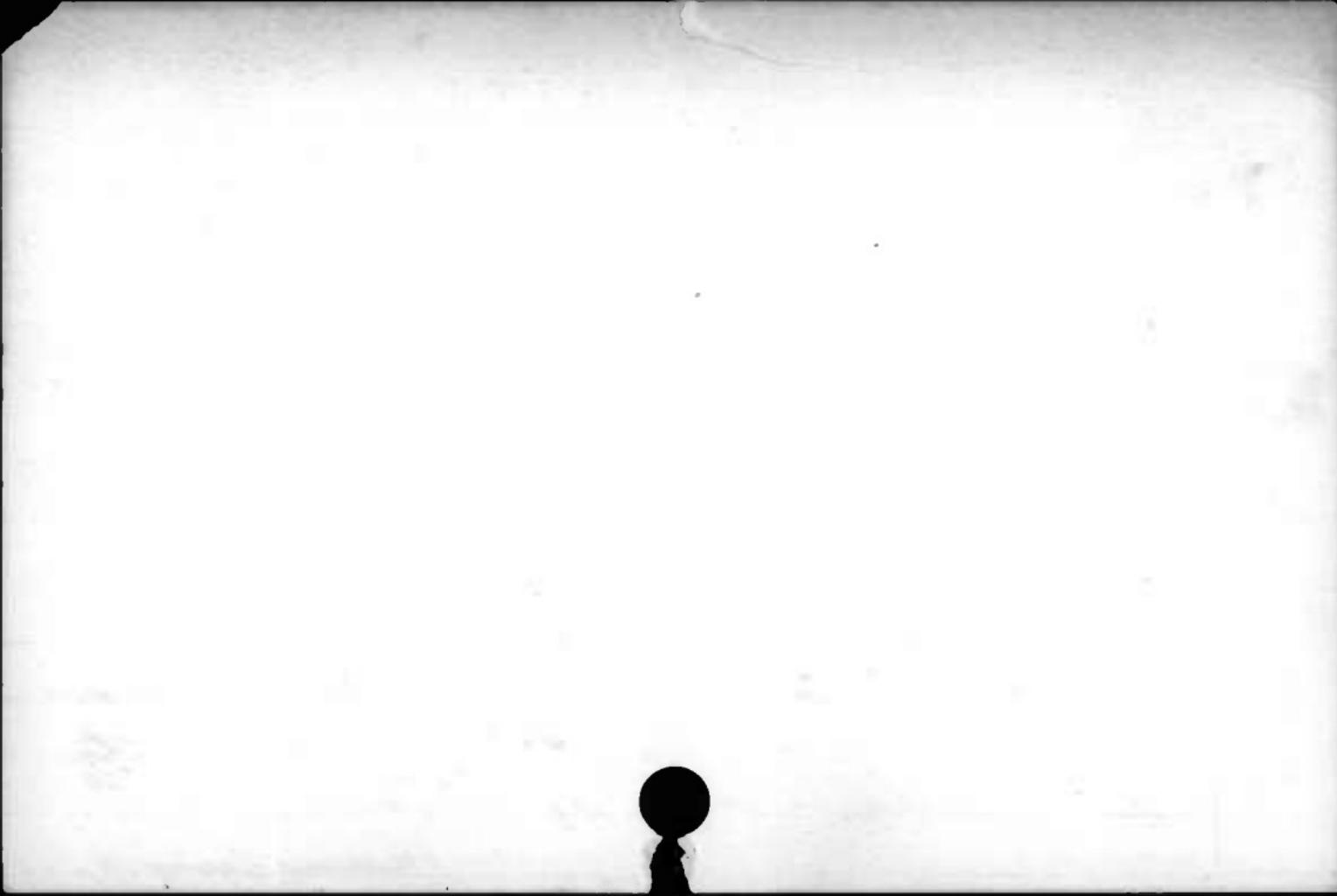
Signature of Physician

W.C. Dyer

Address

Pittsfield

Accident or Suicide?



Name  
in  
Full

Bennet B. Ambrose

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Penitentiary

Town

County

Baltimore

Date of death 1908

Month

Day

Years

Months

Days

May 23

Age \_\_\_\_\_

3 Months

23

Sex

Male

Color or Race

white

Birth-place

Baltimore Co Md

Married, Single  
or Widowed

Single

Occupation

Name of Wife or Husband

Father's Name

Harry Ambrose

Father's Birthplace

Baltimore Co Md

Mother's Maiden Name

Lottie L. Ovington

Mother's Birthplace

Baltimore Co Md

Name of person giving information

Harry Ambrose

How related to deceased

Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Marasmus

105

How long

2 1/2 mrs

Immediate

Enteritis

How long

3 weeks.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

G. Hubert Buckley

Address

Penitentiary  
Maryland

Accident or Suicide?



Name  
in  
Full

Harry B Ambrose

CERTIFICATE OF DEATH

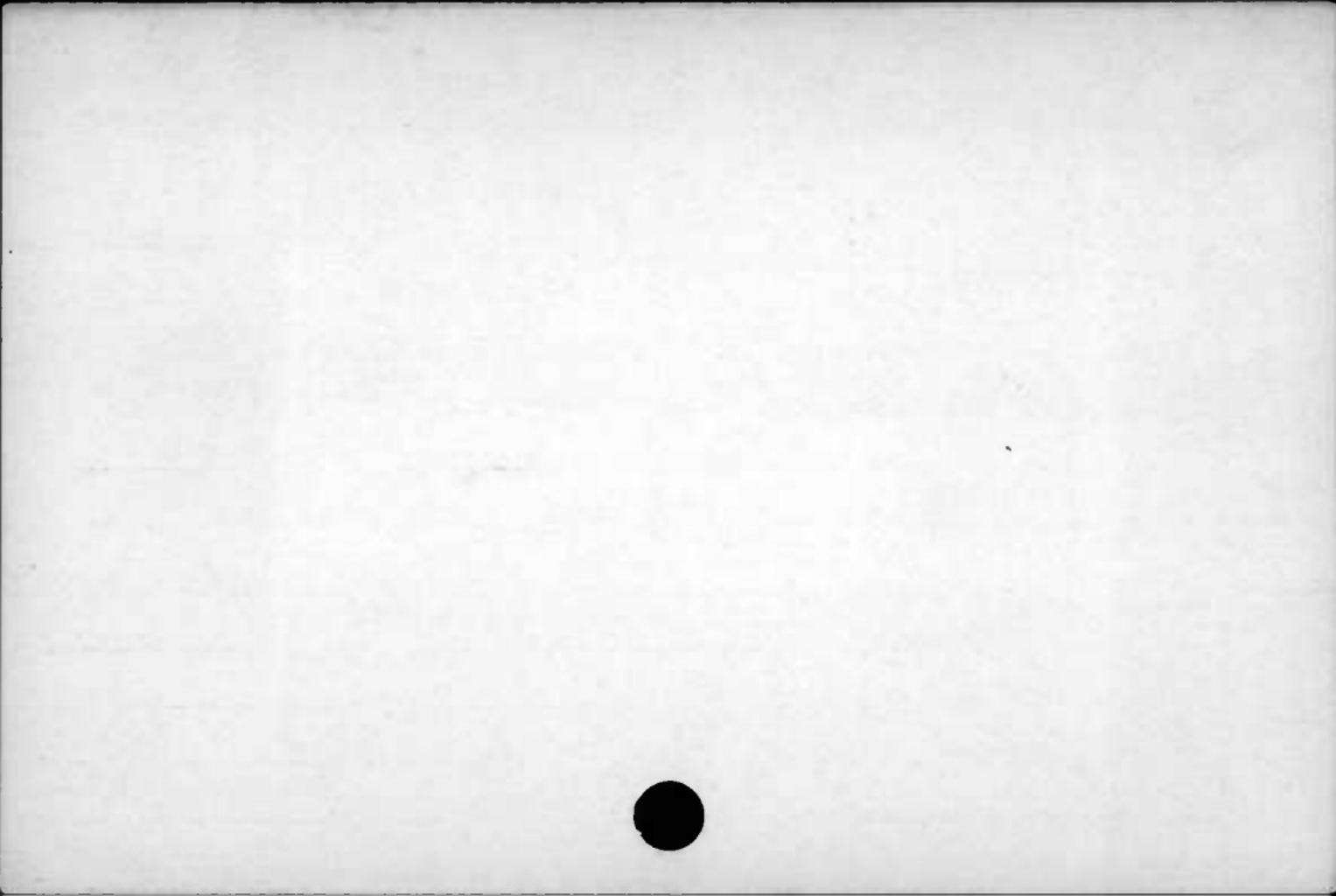
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bristentown</u>			County <u>Baltimore</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>May</u>	Day <u>1</u>	Years	3	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Age	Birth-place <u>Bristentown</u>			
Married, Single or Widowed <u>Single</u>	Occupation _____					
Name of Wife or Husband						
Father's Name <u>Harry Ambrose</u>	Father's Birthplace <u>Bristentown</u>					
Mother's Maiden Name <u>Sophie C. Barnes</u>	Mother's Birthplace <u>Haverdigrass</u>					
Name of person giving information <u>Harry Ambrose</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera infantum</u>	<u>105</u>	How long <u>3 weeks</u>
Immediate	<u>Convulsions</u>		How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>A. M. Seader MD.</u>	Address <u>Bristentown</u>
Accident or Suicide?		<u>MD</u>	



Name  
in  
Full

John C Appel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month May	Day 5 <sup>th</sup>	Years 69	Months	Days	-
Sex Male	Color or Race White	Birth-place Germany				
Married, Single or Widowed Married	Occupation Expressman					
Name of Wife or Husband Louisia						
Father's Name John Appel				Father's Birthplace		
Mother's Maiden Name Bernick				Mother's Birthplace		
Name of person giving Information Samuel Appel	64			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Appoplexy

How long

10 minutes

Immediate

Accident - Fall

How long

5 "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas Brockmeyer Jr.  
Coroner

Accident or Suicide?

Accident

Fullerton Md



Name  
in  
Full

Francis Aquadro

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
of death 1903	Month	Day	Years	Months	Days	
	V.	10	Age 25	-	-	
Sex	Male	Color or Race	White	Birth-place	Italy	
Married, Single or Wid.		Occupation	Stonecutter			
Name of Wife or Husband	—					
Father's Name	—					Father's Birthplace
Mother's Maiden Name	—					Mother's Birthplace
Name of person giving information	Angelo Aquadro.					How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 mths

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr Keown M.D.  
1938 Linden St.  
Linden, N.J.

Accident or Suicide?



Jacob Henry Arnold

Town

County

Died at Benson ave.

Baltimore Co (13 Dist) MARYLAND

Date 1903 Month May Day 18

Y. M. D. Native of Baltimore City Pipe fitter

Male White Married

Widow

Divorced

Female Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name George Arnold

27

Mother's Name Mary Arnold

Name

Cause of Primary Pulmonary Tuberculosis How long sick about 1 1/2 yr

Death Immediate - Respiratory failure - Accident, Suicide, Homicide

Reported by Lewis H. Grindley M.D.

Address Augusta and Fred [redacted] ave. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Rosetta Bachler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Catoctinville

County  
Mallto

MARYLAND

Date  
of death 1903

Month  
May

Day  
30

Age  
61

Years  
61

Months

Days

Sex  
Female

Color or  
Race

White

Birth  
place

Naumburg, Gray

Married, Single  
or Widowed

Widow

Occupation

Name of Wife or  
Husband

Father's  
Name

154

Father's  
Birthplace

Mother's  
Maiden Name

—

Mother's  
Birthplace

Name of person giving  
Information

Jacob Ruff

How related  
to deceased

Nephew

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

—

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

D. L. Stults M.D.

Catoctinville  
Md.

Accident or Suicide?



Name  
in  
Full

Lida R. Bauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 3	Day 17	Years	Months 5	Days 17
Sex Female	Color or Race	Age White	Birth- place Baltimore.		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	John Bauer			Father's Birthplace	Md
Mother's Maiden Name	Catharine Hemb			Mother's Birthplace	Md
Name of person giving information	How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Convulsion ~	How long	1 day
	Immediate	71	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. Y. K. Janney Jr	
		Address	304 Bland St E. 2d	
Accident or Suicide?				

H. Anderson

Quartz Clue

Name  
in  
Full

Thomas J Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death 1903	Month	Day	Age	Years	Months	Days
Sex Male		Color or Race	colored		Birth-place Townsend	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Thomas J Ballard			Father's Birthplace	Huntington Co. Ind	
Mother's Maiden Name	Rosa Cole			Mother's Birthplace	Baltimore Co. Ind	
Name of person giving information	Thos J Ballard			How related to deceased	Father	

CAUSES OF DEATH

Primary	Measles	b	How long	Three weeks
Immediate	Pneumonia	b	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. T. B. Garrett
			Address	Townsend
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John P. Barber

CERTIFICATE OF DEATH

Died at	Town	Leatonsville	County	Baltimore	MARYLAND				
Date of death 1903	Month	May	Day	23	Years	48	Months	-	Days
Sex	Male	Color or Race	white	Birth-place	Virginia				
Married, Single or Widowed	Married	Occupation	Salesman.						
Name of Wife or Husband	x								
Father's Name	x	Father's Birthplace	x						
Mother's Maiden Name	x	Mother's Birthplace	x						
Name of person giving Information	y	How related to deceased	x						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General Paralysis

How long

2 1/2 years

Immediate

Exhaustion

How long

3 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

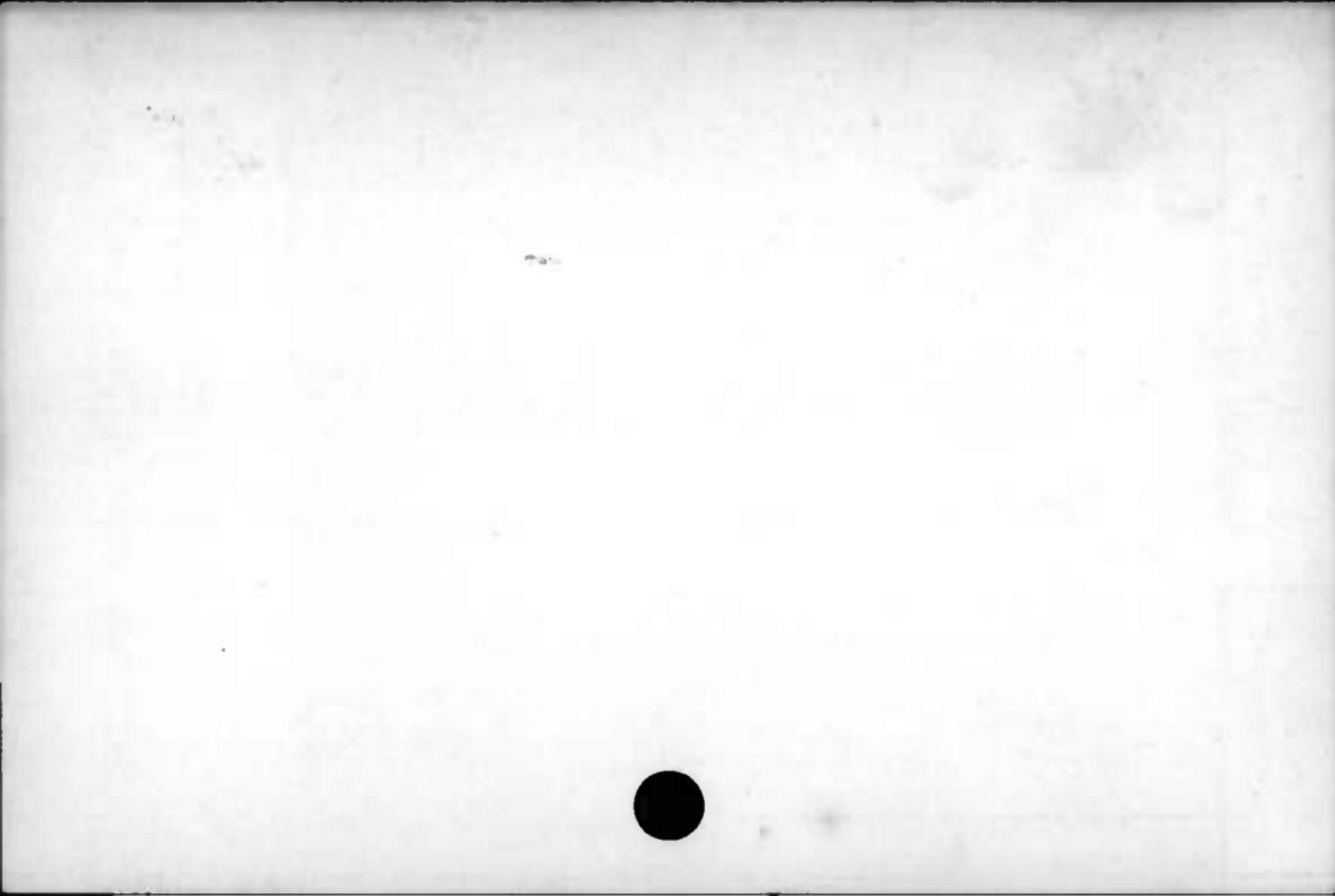
Signature of Physician

Address

J. R. & Nade  
Leatonsville

Accident or Suicide?

No



Name  
in  
Full

Mary Harris Batchelor

CERTIFICATE OF DEATH

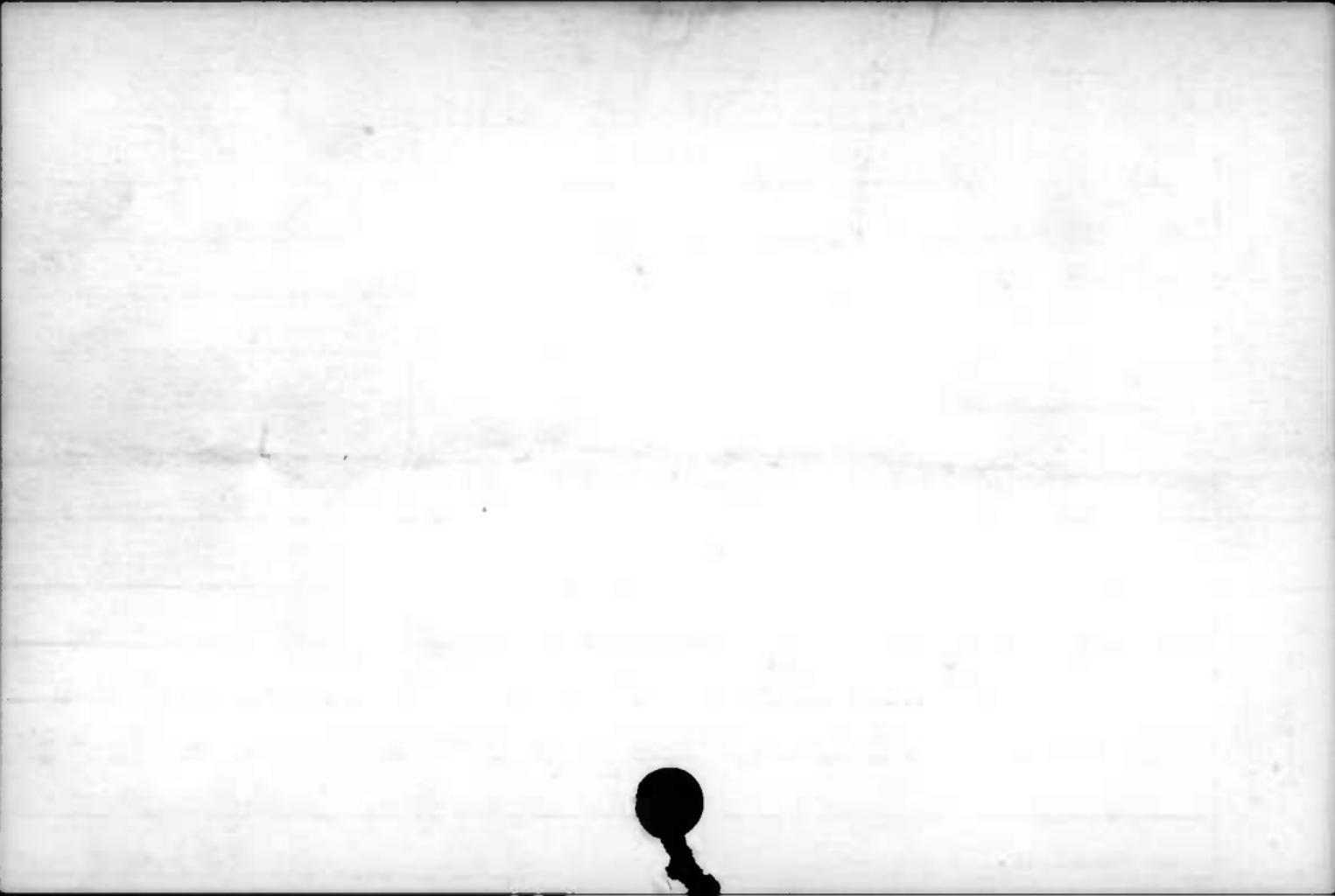
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Fairlington</u>	County <u>Baltimore</u>	MARYLAND		
Date of death 1903	Month May	Day 24	Age 43	Years	Months Nov Days 11 <sup>st</sup>
Sex Female	Color or Race white	Birth-place Baltimore			
Married, Single or Widowed	Married	Occupation	Wife		
Name of Wife or Husband	for Lewis Batchelor				
Father's Name	Ely Tucker.	Father's Birthplace	Harford Co		
Mother's Maiden Name	Emma Surissa Tucker.	Mother's Birthplace	Baltimore		
Name of person giving information	Martha Batchelor	How related to deceased	Daughter.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Aliminuria of Pregnancy		138
Immediate	Asthma Heart Failure		How long 6 months.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long 2 days.
		Address	Rogers & Park Heights a station E. Arlington
Accident or Suicide?			



Name  
in  
Full

Danish Banblytz

CERTIFICATE OF DEATH

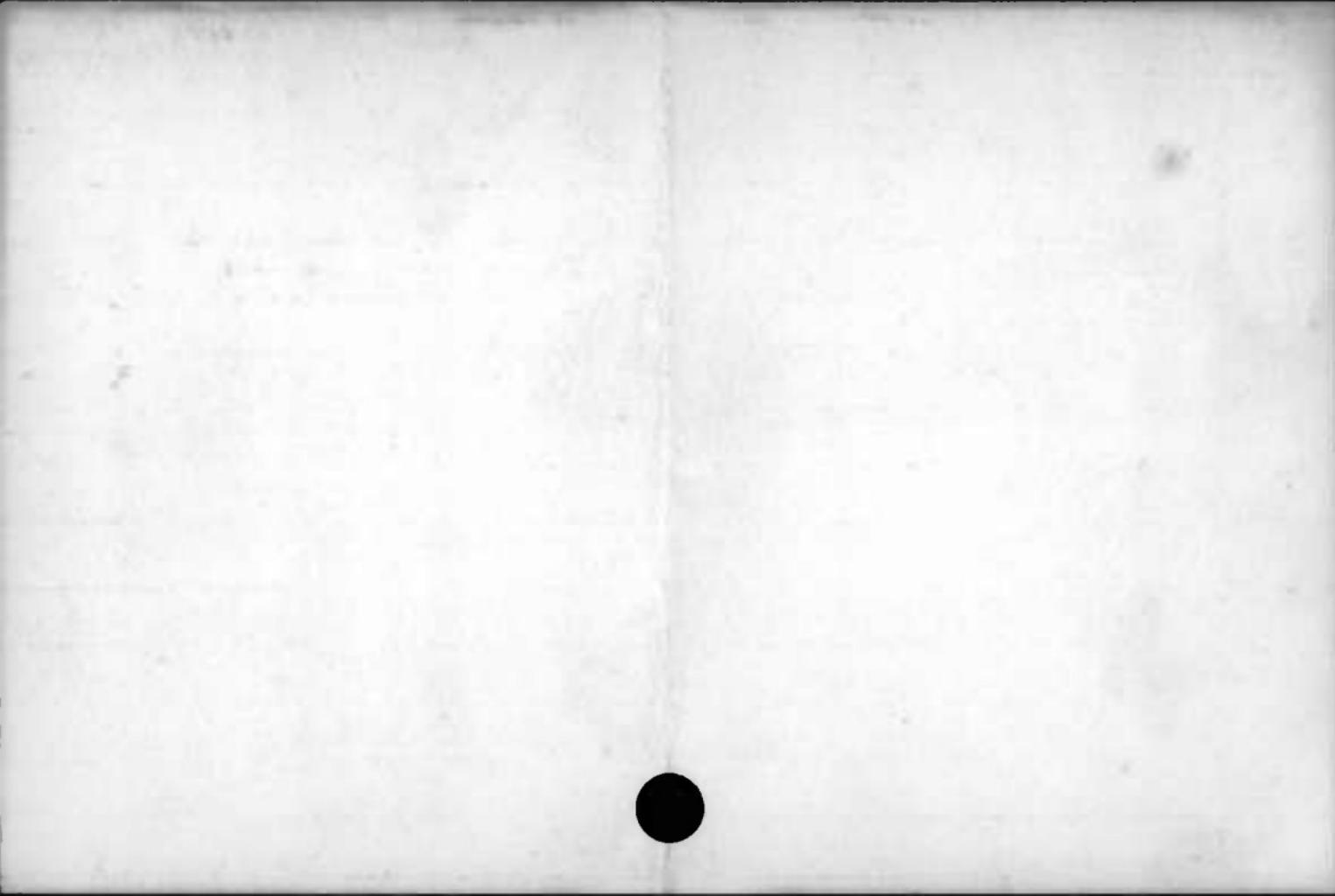
TO BE ANSWERED BY  
NEAREST FRIEND

Town	County					
Died at <u>grave Run</u>		<u>Baltimore</u>			MARYLAND	
Date of death 1903	Month 5	Day 28	Age 77	Years 77	Months 11	Days 15
Sex Male	Color or Race <u>white</u>	<u>Occupation</u> <u>Zaborer</u>			Birth- place <u>Hoffmannville</u>	
Married, Single or Widowed <u>married</u>	<u>Elisabeth Banblytz</u>					
Name of Wife or Husband <u>Elisabeth Banblytz</u>				Father's Name <u>Charles Banblytz</u>	Father's Birthplace <u>Don't know</u>	
Mother's Maiden Name <u>Pysosha Price</u>				Mother's Birthplace <u>Don't know</u>	How related to deceased <u>daughter</u>	
Name of person giving Information <u>Julia Banblytz</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Fibroid Phthisis &amp; Invintis</u> <u>so old age.</u>	How long <u>5 years</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. W. Rush, M.D.</u> Address <u>Buckleyville</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Dora Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

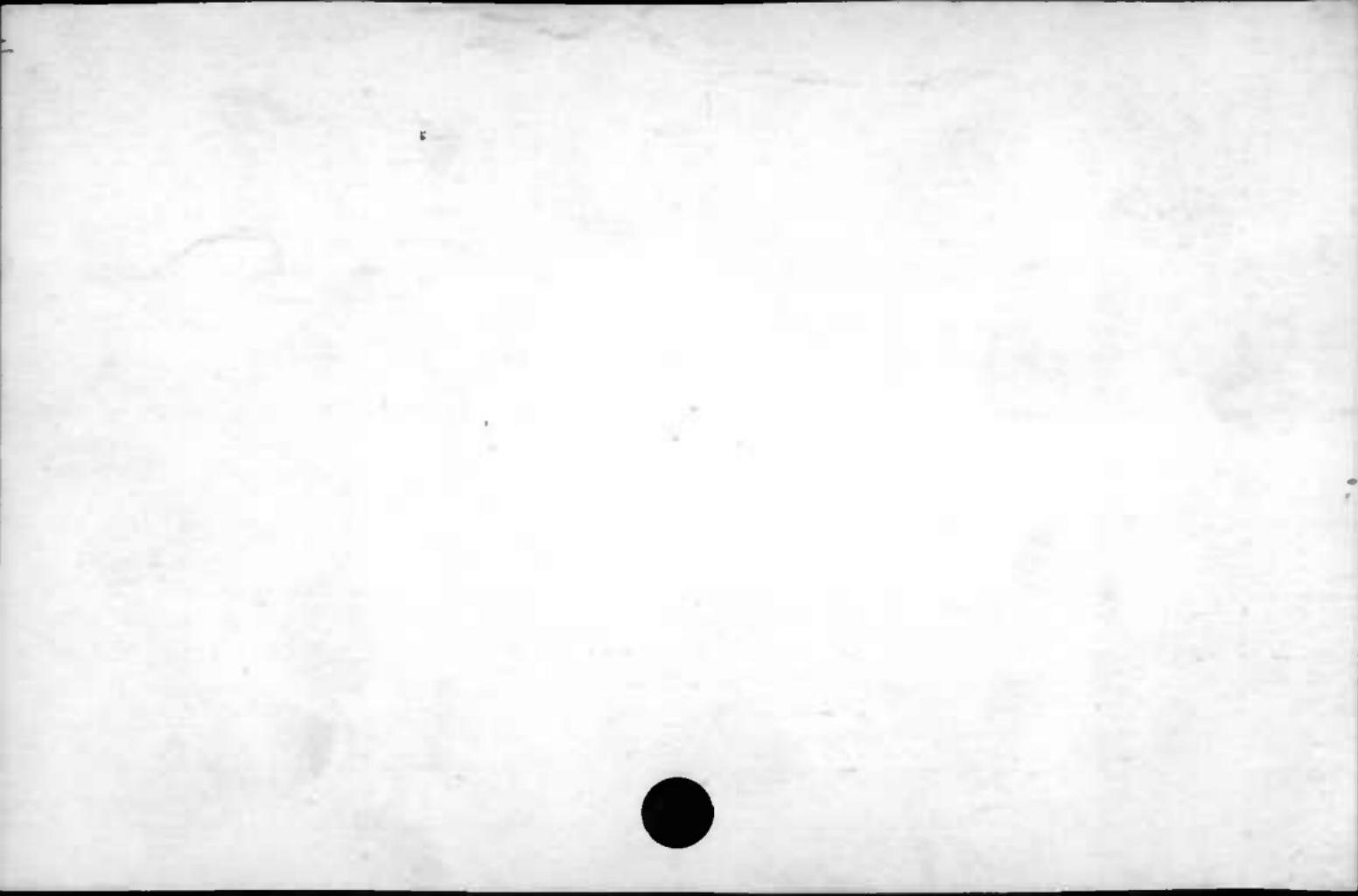
Died at		Town	County				
Date of death 1903		Month May	Day 28	Years 47	Months 1	Days 10	MARYLAND
Sex	female	Color or Race	Black	Birth- place		Mar Granite	
Married, Single or Widowed	Married	Occupation		Housewife			
Name of Wife or Husband	Alfred						
Father's Name	—			Father's Birthplace			—
Mother's Maiden Name	Millie Rogers			Mother's Birthplace			Granite
Name of person giving Information	—			How related to deceased			—

CAUSES OF DEATH

77

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	3 years
Immediate	lung failure	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. J. Offutt
		Address	Granite Md
Accident or Suicide?			



Name  
in  
Full

Muranda Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Soldier's Delight	Baltimore			
Date of death 1903	Month 5	Day 16	Age 20.	Years 1	Months — Days —
Sex Female	Color or Race Colored	Birth-place Md.			
Married, Single or Widowed	Occupation War nurse -				
Name of Wife or Husband	Henry Bell -				
Father's Name	John E. Bell				
Mother's Maiden Name	—				
Name of person giving Information	Rae Young				
CAUSES OF DEATH					

PHYSICIAN  
OR CORONER

Primary	Asphyxia -	How long	2 m 22 s.
Immediate	Hemoptysis Extent	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. E. Bell M.D.
		Address	122 W. Pratt Street Baltimore
Accident or Suicide?			



Name  
in  
Full

Eckert Beeminger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Benton	Balito			
Date of death 1903	Month May	Day 54	Years 1 - 32	Months 3	Days
Sex Male	Color or Race white	Birth-place Benton			
Married, Single or Widowed	Occupation	dead			
Name of Wife or Husband					
Father's Name	Joseph Beeminger			Father's Birthplace	Austria
Mother's Maiden Name	Maggie Brown			Mother's Birthplace	Balto
Name of person giving information	Father Joe Beeminger				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia q3	How long	10 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L.W. Stey
		Address	2 Hudson St No
Accident or Suicide?			

H. Sanders Sons  
London Park Cemetery.

Name  
in  
Full

Mary A. Biesel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Lebanon	Baltimore			
Date of death 1903	Month 5	Day 12 <sup>d</sup>	Age 37 <sup>y</sup>	Years	Months
Sex Female	Color or Race White	Birth-place Baltimore	Days		
Married, Single or Widowed	Widow	Occupation Housekeeper			
Name of Wife or Husband	Mrs Jas Biesel, deceased Name May Biesel				
Father's Name	Aust Beck				
Mother's Maiden Name	Pauli Beck Germany				
Name of person giving information	(Husband)				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism	4	How long 3 weeks
Immediate	Rheumatism Heart	do	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician E.W. Biesel M.D.		
Address 304 Bank St. Coffield			

Accident or Suicide?

St Alphonsus Cemetery  
H Sander Sons.

Samuel Bowly

Died at	Town <u>Lutherville</u>	County <u>Baltimore</u>	MARYLAND
Date 1903	Month <u>May</u> Day <u>10</u>	Y. M. D. Age <u>70</u> 1 -	Native of <u>Maryland</u>
Male	White	Married	Occupation <u>Retired</u>
<input checked="" type="checkbox"/> Female	<u>Colored</u>	Single	Widow
Husband of			
Wife			
Father's Name	<u>Samuel H Bowly</u>	Mother's Maiden Name	<u>Sarah Bowly</u>
Cause of Death	Primary <u>apoplexy</u>	How long sick <u>6 weeks</u>	7 days
	Immediate <u>Paralysis</u>	Accident, Suicide, Homicide	
Reported by	<u>J Chalmers Public Md</u>		
Address	<u>Lutherville</u>		<u>Maryland</u>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Stem to flower  
Barts Cen

Name  
in  
Full

Mrs. Amelia Margaret Bowman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May.	Day 13	Years 46	Months 9	Days 6
Sex Female	Color or Race White	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	William Bowman				
Mother's Maiden Name	Lizzie J. Sennings				
Name of person giving Information	Dasma E. Wolf				
Father's Birthplace	Funkstown				
Mother's Birthplace	Funkstown				
How related to deceased	Sister				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Spasms

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L.F. Reehan  
Funkstown

Accident or Suicide?



Name  
in  
Full

John Thomas Braubel

CERTIFICATE OF DEATH

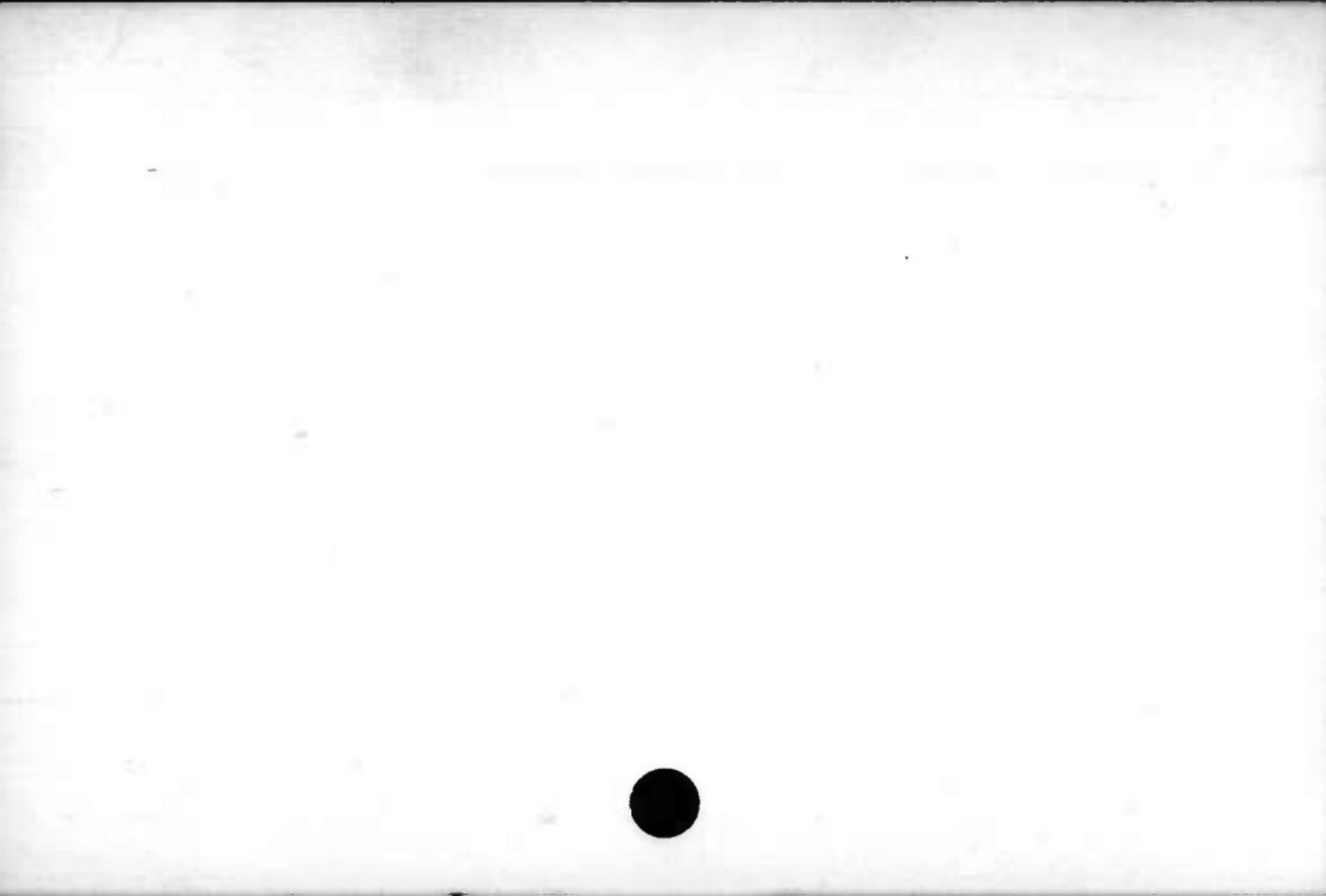
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Chase</i>	County <i>Baltimore</i>	MARYLAND		
Date of death 1903	Month <i>May</i>	Day <i>30</i>	Years <i>68</i>	Months <i>9</i>	Days <i>25-</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth- place <i>same</i>			
Married, Single or Widowed <i>widower</i>	Occupation <i>farmer</i>				
Name of Wife or Husband <i>Mary Ellen Braubel</i>					
Father's Name <i>Thomas Braubel</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Mary N. Ehrman</i>	Mother's Birthplace <i>MD</i>				
Name of person giving Information <i>James G. Braubel</i>	How related to deceased <i>Son</i>				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	<i>Organic Heart Disease</i>	How long <i>2 or 3 years</i>
Immediate	<i>aspiration</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John W. Thompson</i>
		Address <i>Middle River</i>
Accident or Suicide?		



Name  
in  
Full

Harriet Prent

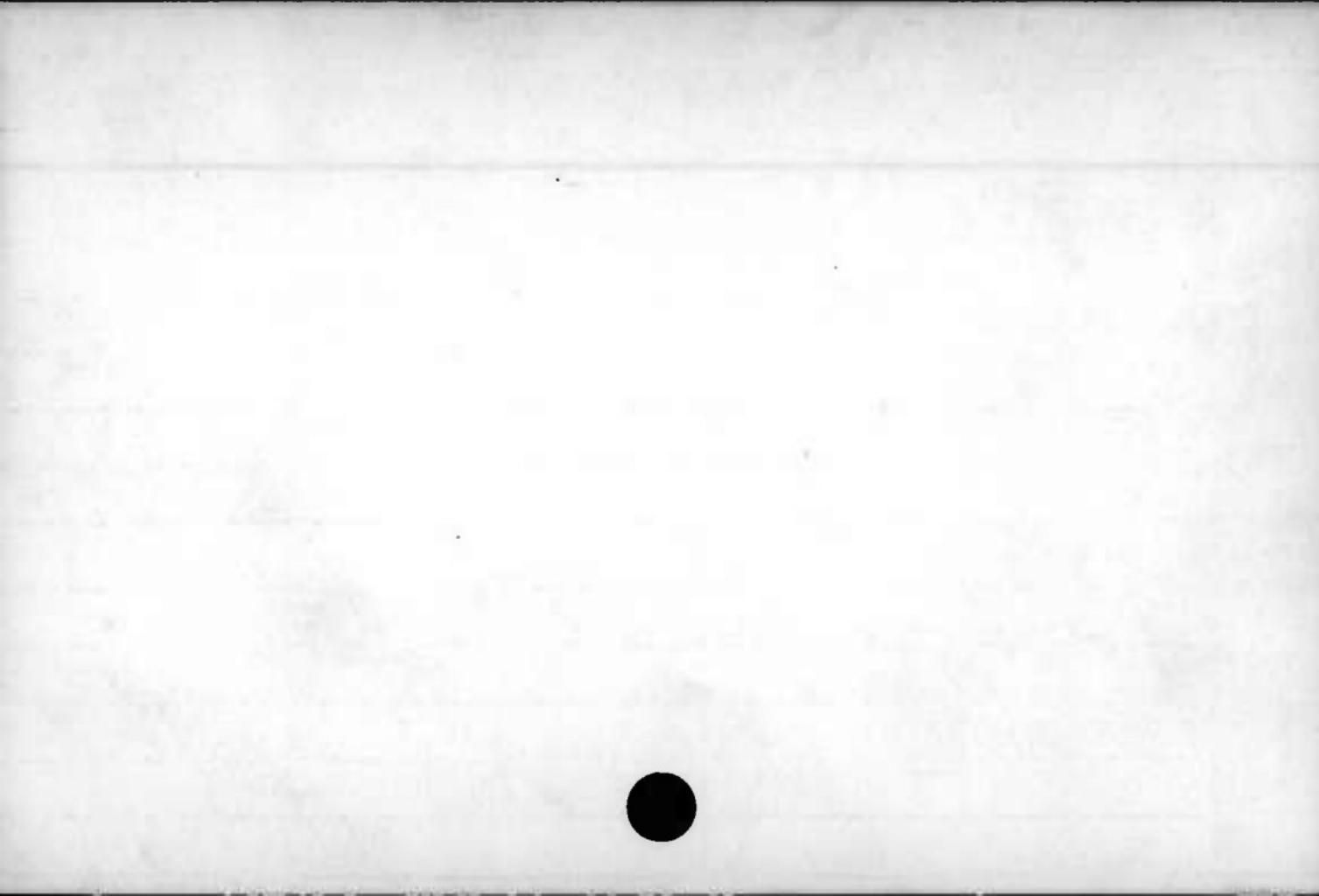
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 10	Years 74	Months X	Days X
Sex Female	Color or Race white	Occupation	Unknown		
Married, Single or Widowed	Unknown	Unknown	Unknown		
Name of Wife or Husband	Unknown	Unknown	Unknown		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown	Mother's Birthplace	"		
Name of person giving Information	X	How related to deceased	X		

CAUSES OF DEATH

Primary	Chronic Bright's Disease	How long	1 year	
Immediate	Pulmonary oedema	How long	2 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Percy Wade	
Ind. Hospital for Home		Address	Catonsville Ind.	
Accident or Suicide?		Neither		



# Sarah Chilcoat Brooks

Town Bockeyville County Baltimore MARYLAND  
 Died at Baltimore Date 1903 Month 5<sup>th</sup> Day 3 Age 72. 4. 10 Native of Maryland Occupation Housewife  
 Male White Married Widow Female Colored Single Widower Number of children living 5

Husband of	<u>Daniel Brooks Deceased</u>	
Wife		
Father's Name	<u>J B Foster</u>	Mother's Maiden Name
Cause of Death	Primary <u>Aurice Brucketer</u>	How long sick <u>6 months</u>
Death	Immediate <u>General Decline</u>	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise, coroner, undertaker or minister.



A. J. Mitchell  
Levona, Md



Evelynne Buckman

Town

County

Died at

Evergreen

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1903

May 4

Age 20.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wm D. Buckman

Wife

Mother's Mrs Dora Puckins

Father's

John Parkins Maiden Name Green

Name

Cause of Primary Anemia How long sick Indefinite -

Death Immediate Scrofulosis, Tuberculosis, Poliomyelitis, Tuberculosis, Homicide

Reported by R. B. Norman - MD

Address 3147 Chestnut St., Baltimore 2nd

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

A.S. Marshall

3539 Fall Rd.

St Mary Hanford  
May 6-03

Name  
in  
Full

John Burns

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Dawson	Baltimore				
Date of death 1903	Month 5	Day 26	Years 73	Months	Days
Sex Male	Color or Race White	Birth-place Buck Co.			
Married, Single or Widowed	Occupation uncle taker				
Name of Wife or Husband	Temperance Burns				
Father's Name	Thomas Burns				
Mother's Maiden Name	Elizabeth Talbott				
Name of person giving information	Edw E Burns				

CAUSES OF DEATH

Primary	Injins by runaway horse	How long	May 22
Immediate	Paralysis & Uraemia	How long	May 26
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. L. Masseyburg M.D.
Yes		Address	Dawson Md.
Accident or Suicide?			



Name  
in  
Full

Willie B. Cochran

CERTIFICATE OF DEATH

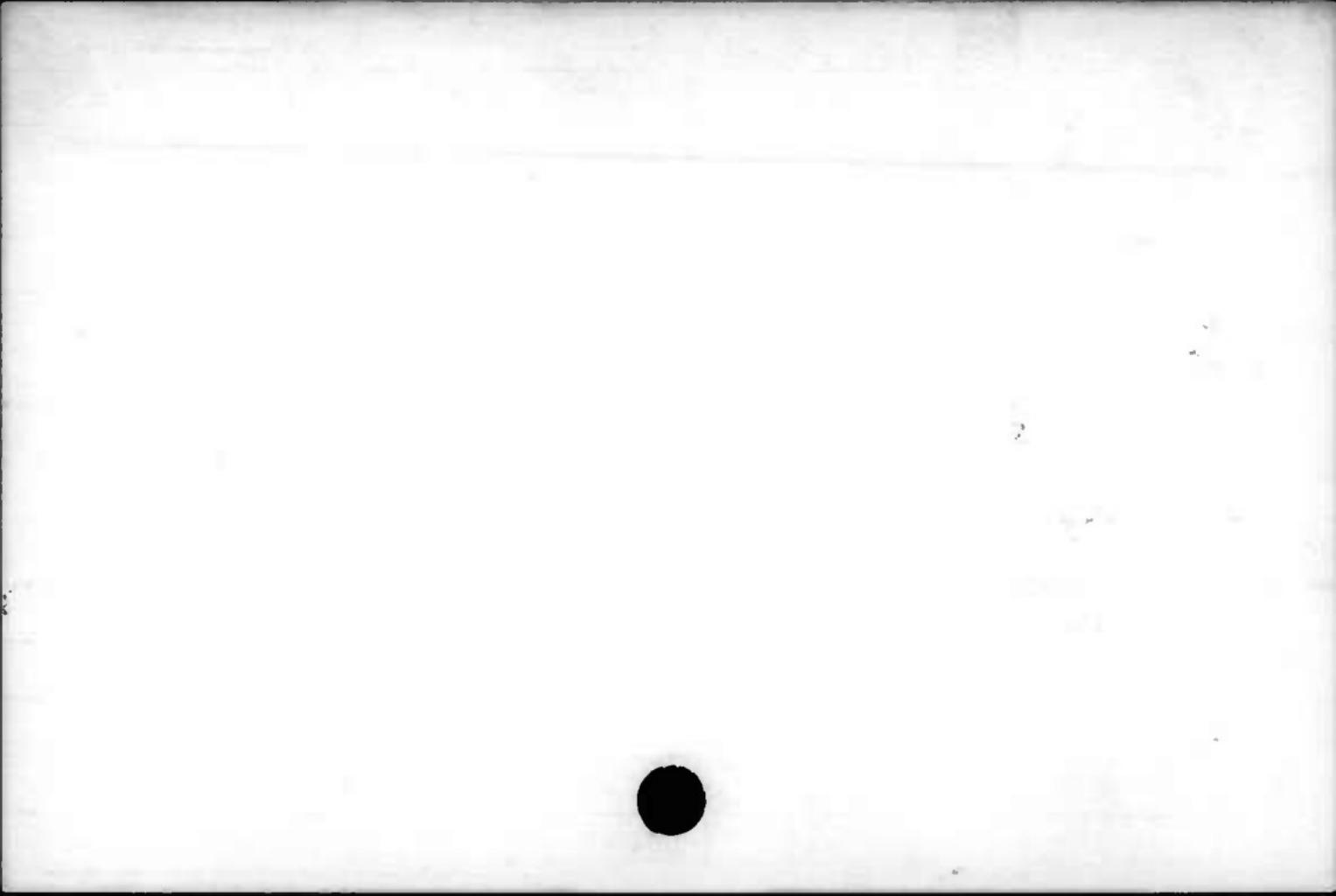
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Grants town	Baltimore			
Date of death 190	Month	Day	Years	Months	Days
3	May	1st	Age 49	—	—
Sex	Male	Color or Race	white	Birth- place	Baltimore Md.
Married, Single or Widowed	Occupation	Married County Treasurer			
Name of Wife or <u>Husband</u>	Elizabeth Bennett Cochran				
Father's Name	Thomas J. Cochran				
Mother's Maiden Name					
Name of person giving Information	Charles Cochran				
How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long about 1 year
Immediate	Exhaustion		How long 77
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. M. Duncan
		Address	Grants town Md
Accident or Suicide?			



Name  
in  
Full

Mary F. Levenson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Malvernville	County	Bucks	MARYLAND		
Date of death 190	Month	May	Day	5	Age	Years	68
Sex	Female	Color or Race	White	Birth-place	Ind.	Months	Days
Married, Single or Widowed	Married		Occupation	Housewife.			
Name of Wife or Husband							
Father's Name	X						
Mother's Maiden Name	X						
Name of person giving information	LH						
How related to deceased X							

CAUSES OF DEATH

Primary	Dementia.		How long	9 years.	
Immediate	Facial Erysipelas		How long	1 week.	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. R. Nade		
		Address	Malvernville, Md		
Accident or Suicide?	No				



Name  
in  
Full

John William Connally

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 1903	Month May	Day 31	Years 60	Months	Days
Sex Male	Color or Race White	Birth-place <u>Md</u>			
Married, Single or Widowed single	Occupation <u>None</u>				
Name of Wife or Husband					
Father's Name <u>John Connally</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Annie E. Wolfe</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>John Connally</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Heart affected. 150 How long  
Immediate from my weak. How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E.W. Connally M.D.  
304 Banker St. Ex

Accident or Suicide?

Hermanus Girance

June 1st 1903

St Alphonsus Cemetery

Name  
in  
Full

S. John Cooke

CERTIFICATE OF DEATH

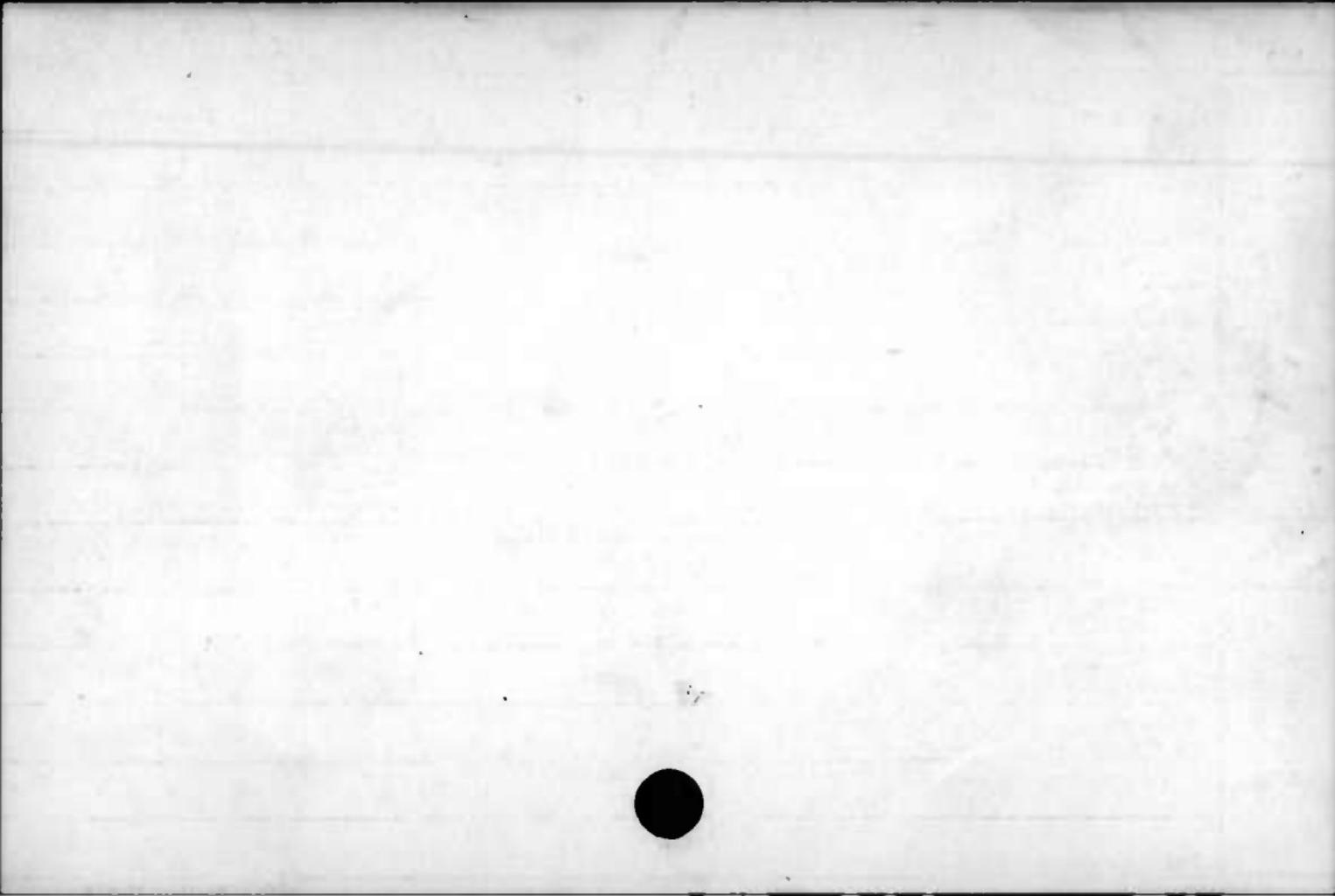
To BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Stevenson</u> . Town			County		MARYLAND	
Date of death 1903	Month <u>May</u>	Day <u>11</u>	Age <u>24</u>	Years	Months <u>0</u>	Days <u>9</u>
Sex <u>Male</u>	Color or Race	<u>White</u>		Birth- place	<u>Baltimore Co.</u>	
Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>					
Name of Wife or Husband <u>✓</u>						
Father's Name <u>Adolphus Cooke</u>				Father's Birthplace <u>Bethsville Md</u>		
Mother's Maiden Name <u>Rachel Clark</u>				Mother's Birthplace <u>Howard Co. Md</u>		
Name of person giving Information <u>W. C. Cooke</u>				How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pthisis Pulmonalis</u>	27	How long <u>3 yrs</u>
Immediate <u>After factors &amp; exhaustion</u>	<u>the week or ten day</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. Louis Taylor</u>	Address <u>Pittsfield Mass</u>
<u>yes</u>		
Accident or Suicide?		



Name  
in  
Full

Patrick Conner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1903	Month May	Day 10	Years	Months	Days
Sex	Male		Color or Race	Birth-place		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gunshot-wound		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John G. Conner
		Address	Conner.
Accident or Suicide?			

Shot-by Mifud  
alias Peter Kosynie.

Name  
in  
Full

Samuel Gross

CERTIFICATE OF DEATH

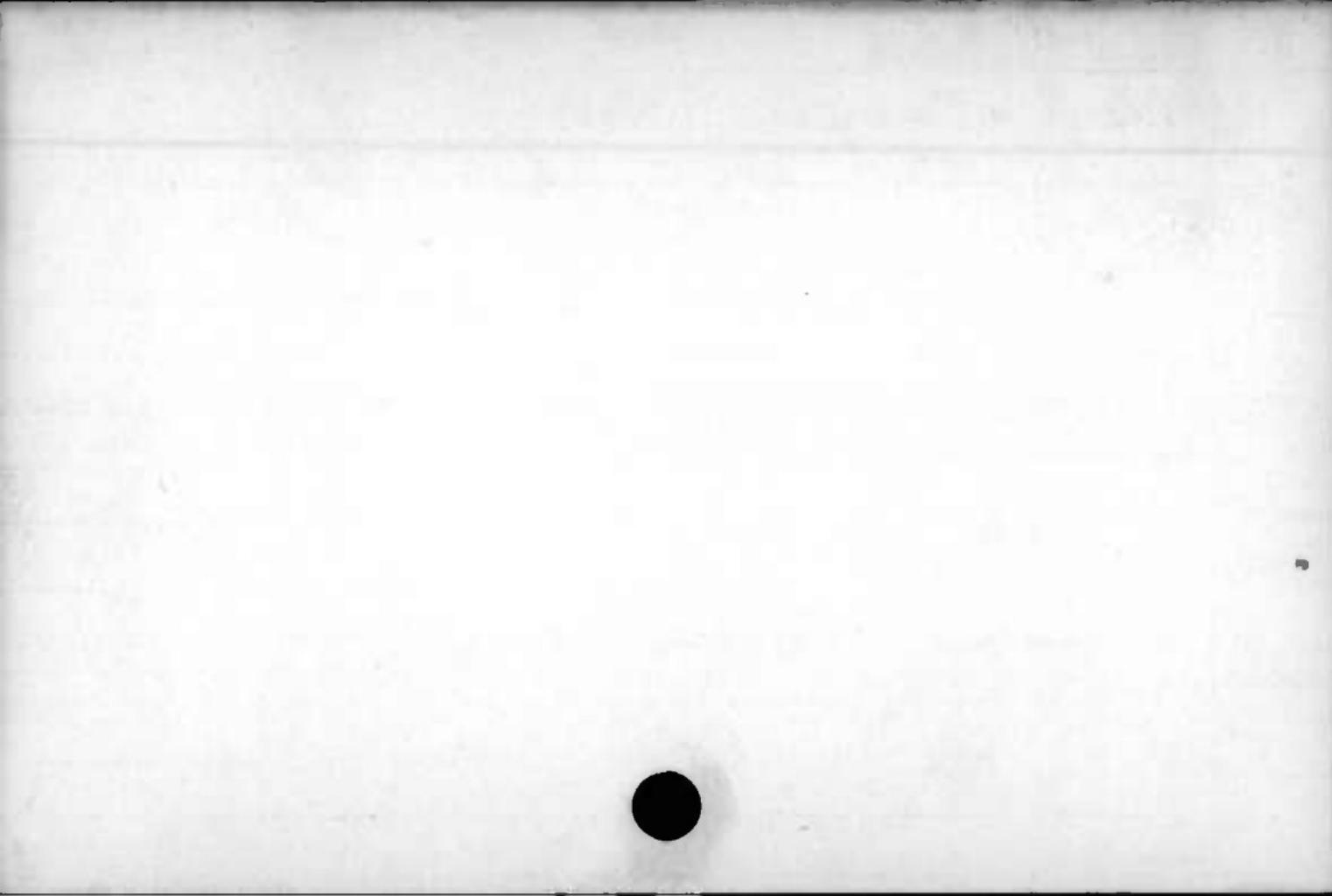
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Tawson</u>		County <u>Baltimore</u>		MARYLAND		
Date of death 1903	Month 5	Day 11	Age 9	Years	Months	Days
Sex male	Color or Race white	Birth-place <u>Tawson</u>				
Married, Single or Widowed	X	Occupation				
Name of Wife or Husband	X					
Father's Name	<u>John S. Gross</u>			Father's Birthplace <u>Baltimore Co</u>		
Mother's Maiden Name	<u>Jane Nichols</u>			Mother's Birthplace " "		
Name of person giving information	<u>A. L. Massenburg</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Traumatic Tetanus</u>	How long <u>10 days</u>
Immediate <u>Asphyxia</u>	How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. L. Massenburg M.D.</u>
<u>Yes</u>	Address <u>Tawson</u> <u>Md</u>
Accident or Suicide?	



Amelia Crowther

Town

Belfast

County

Baltimore

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

5 30

White

Age 82

10 26

Married

Widow

~~Divorced~~

Female

~~Colonel~~~~Single~~~~Widow~~

Number of children living

2

Husband

Wife

Father's

Name

Michael Crowther  
Joseph Pergoy. Mother's unknown  
Maiden Name

Cause of

Primary

How long sick

Death

Immediate

General decline

154

Accident, Suicide, Homicide

Reported by

Wm C Brooks Undertaker  
Philopolis Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Butler June 1<sup>st</sup> 1903

Name in Full

Certificate of Death

Daisy Crumwell

Town

Monfalcon

County

Baltimore

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Age

21

Native of

Md.

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Daisy Crumwell

Father's

Name

John Crumwell

Mother's

Maiden Name

Lamia Bond

Cause of

Primary

Inflammatory Rheumatism

How long sick

Death

Immediate

Pericarditis

Accident, Suicide, Homicide

Reported by

T. Ross Payne Jr.  
Corbett

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Julia E. Danis

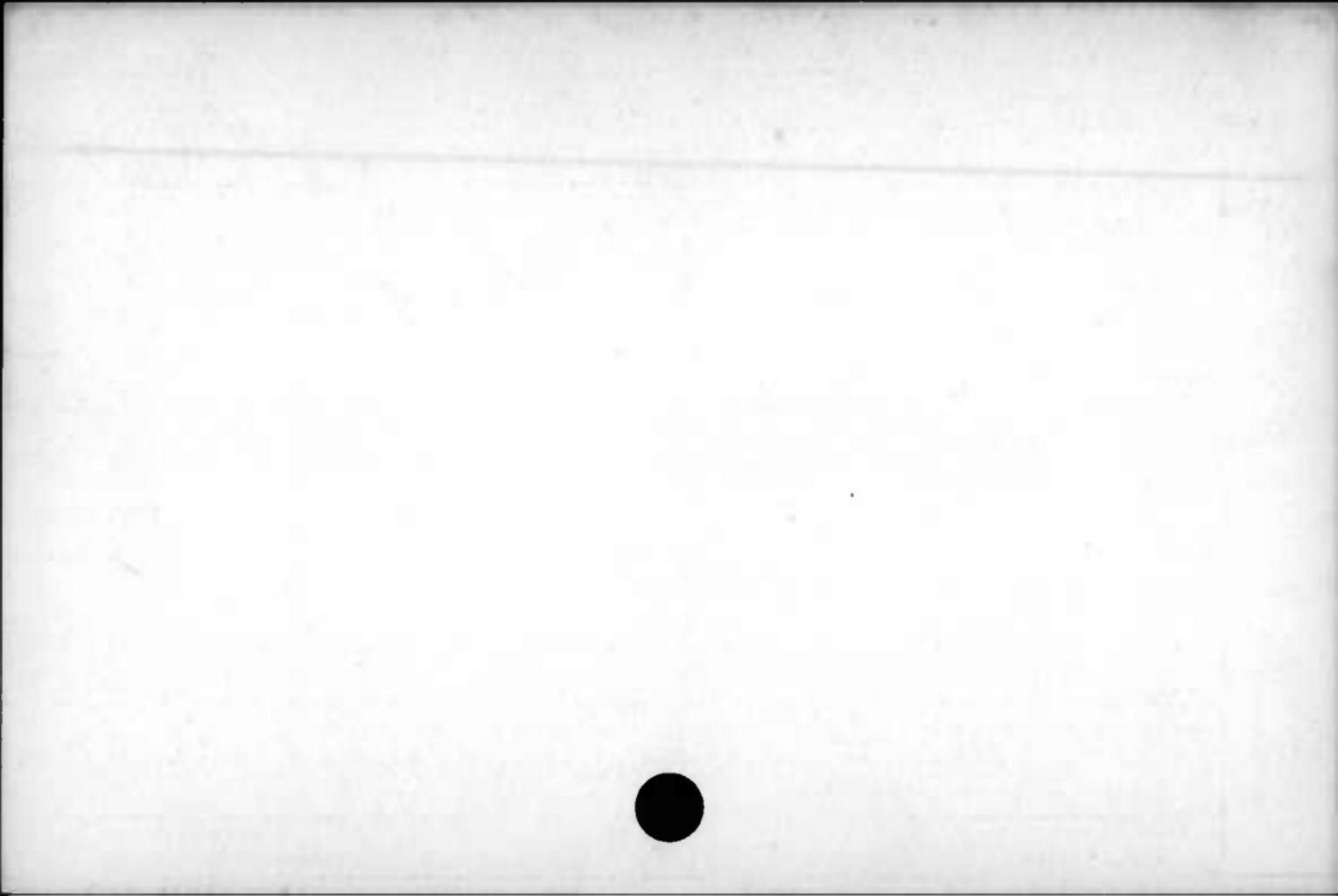
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hospital for Consumptives</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>		MARYLAND	
Date of death 1903	Month 5	Day 1	Years 21	Age 21	Months 6	Days 13
Sex <u>Femal</u>	Color or Race <u>White</u>			Birth-place <u>Ned</u>		
Married, Single <u>Widow</u>	Occupation <u>Saleslady</u>					
Name of Wife or Husband						
Father's Name <u>John C. Danis</u>			Father's Birthplace <u>Ned</u>			
Mother's Maiden Name <u>Mary G. Hayes</u>			Mother's Birthplace <u>Ned</u>			
Name of person giving Information <u>Physician in charge</u>			How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Tuberculosis</u>	27	How long <u>1 year</u>
	Immediate <u>Haemorrhage</u>		How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Frank R. Reid</u>	Address <u>1420 Madison Avenue Ned</u>
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Infant - Day

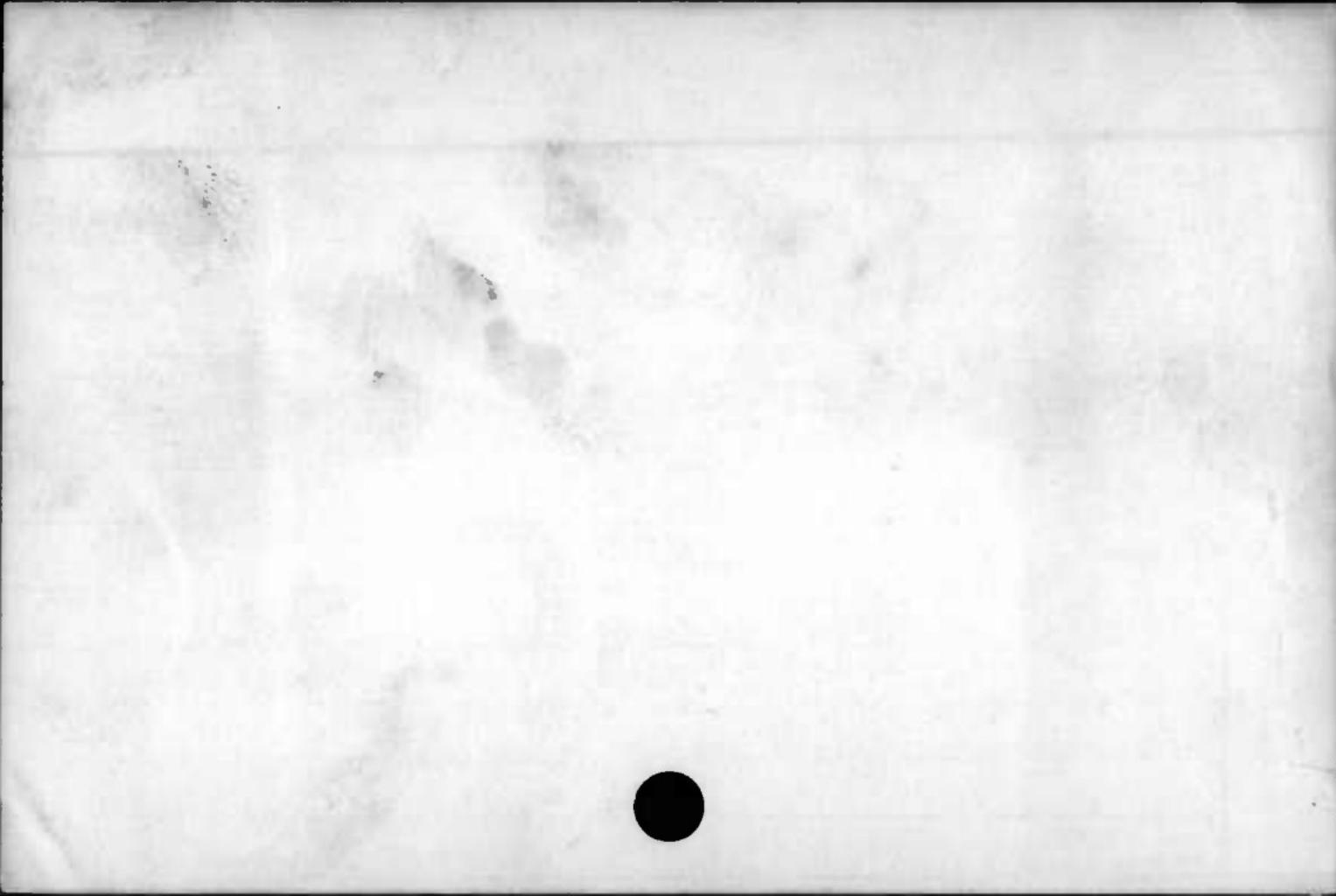
CERTIFICATE OF DEATH

Died at	Town	8 Baltimore		County	MARYLAND		
Date of death 1903	Month 5	Day 13	Age	Years	Months	Days	
Sex Female	Color or Race Colored	Occupation		Birth-place Baltimore, Md.			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	Stephen Day		Father's Birthplace Baltimore, Md.				
Mother's Maiden Name	(Fannie Taylor)		Mother's Birthplace " "				
Name of person giving information	Fannie Day		How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate	still born	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician August W. Miller, Coroner Address HAR Minars Baltimore, Md.	
Accident or Suicide?		



Name  
in  
Full

Eugene Dieterle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month May	Day 20	Age 39	Years	Months	Days
Sex Male	Color or Race white			Birth-place Germany		
Married, Single or Widowed Married	Occupation Fresco Painter.					
Name of Wife or Husband	<					
Father's Name	X					
Mother's Maiden Name	X					
Name of person giving Information	X					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General Paralysis.	How long	2 1/2 years.
Immediate	General Effusion.	How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Aray Wade,
Yes		Address	Leutonville.
Accident or Suicide? No.			



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

3<sup>rd</sup> Top  
Dist

County

Joseph Dixon

Baltimore

MARYLAND

Date  
of death

1903

Month

May

Day

16

Years

16

Age

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Balt. Co.

Occupation

Organ

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

93

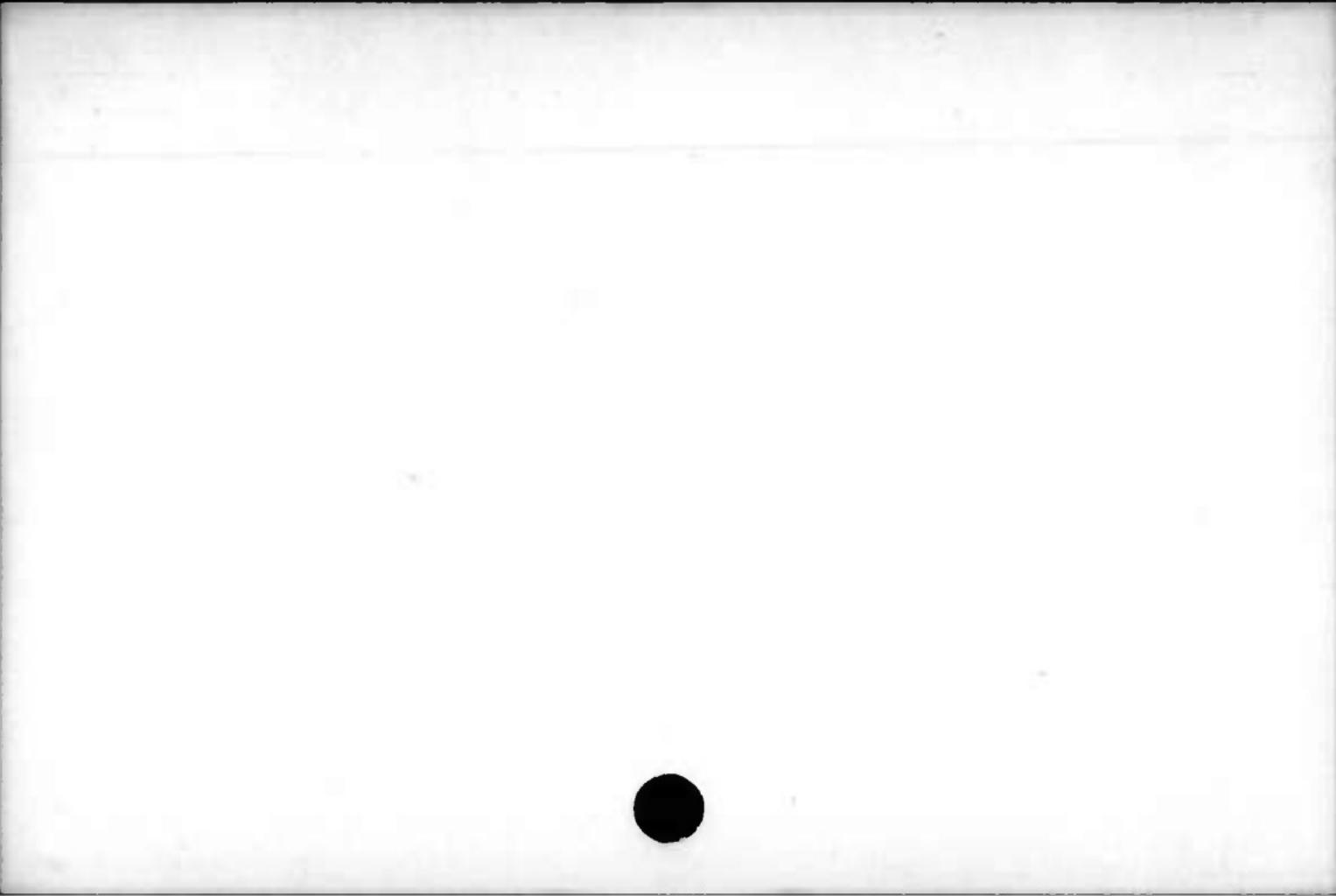
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Harry Boyd, M.D.  
602 Columbia Ave

Accident or Suicide?



Name  
in  
Full

Henry Doering Dr.

CERTIFICATE OF DEATH

To be ANSWERED BY  
NEAREST FRIEND

Died at <u>Halethorpe P.O.</u>		Town	<u>Balt.</u>		County	MARYLAND	
Date of death <u>1903</u>	Month <u>May</u>	Day <u>22</u>	Years <u>83</u>		Months <u>7</u>	Days <u>22</u>	
Sex <u>Male</u>	Color or Race <u>white -</u>			Birth-place <u>Germany</u>			
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <u>John Doering</u>			Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Annie</u>			Mother's Birthplace <u>"</u>				
Name of person giving information			How related to deceased <u>Wife</u>				

CAUSES OF DEATH

Primary	<u>acute - Diarrhoea</u>	How long	<u>18 days</u>
Immediate	<u>Sensibility - and Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yrs</u>	Signature of Physician	<u>Frank H. Ruhle</u>

PHYSICIAN  
OR CORONER

Accident or Suicide?

Jordens'

Name  
in  
Full

Mary Dougherty

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 5	Day 11	Years 56	Months	Days
Sex female	Color or Race white	Birth-place Decland			
Married, Single or Widowed married	Occupation Housework				
Name of Wife or Husband James Dougherty	Father's Birthplace Ireland				
Father's Name	Mother's Birthplace "				
Mother's Maiden Name	How related, to deceased Son-in-Law				
Name of person giving Information John Moore					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis	W.	How long
Immediate Exhaustion	J.W.	5 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address	J.W. Shuey M.D. 1013 Carlton St.
Accident or Suicide?	~	

St Patrick's Cemetery  
H Lander Sins

Name  
in  
Full

Mary E. Ensor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County				
Beckleyville		Baltimore			MARYLAND		
Date of death 1903	Month	Day	Years		Months	Days	
May	3rd	Age	67	1	9		
Sex	Female	Color or Race	White	Birth- place	Don't know		
Married, Single or Widowed		Occupation		Widowed (Farmers wife)			
Name of Wife or Husband		Charley Ensor					
Father's Name	Daniel B. Wilhelm		Father's Birthplace		Don't know		
Mother's Maiden Name	Don't know		Mother's Birthplace		"		
Name of person giving Information	Mrs. Millie Carr		How related to deceased		Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

79

How long

Secondary

How long

Paralysis of heart

Fainted dead in bed

Are the name, age, sex, color, date  
and place correctly given above?

Yes

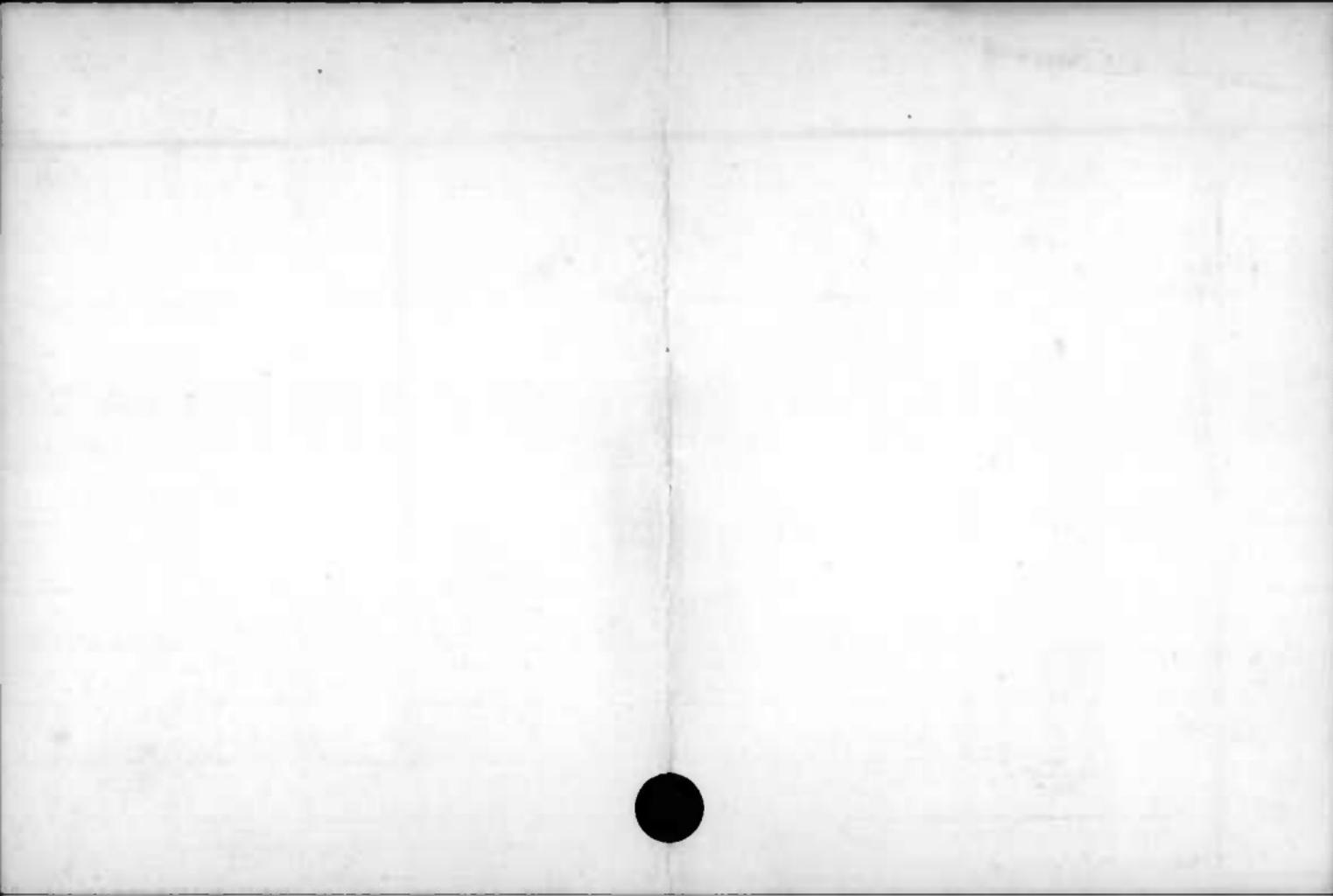
Signature of  
Physician

Address

J. P. Morris M.D.

Beckleyville  
Md.

Accident or Suicide?



Name  
in  
Full

Sarah Elizabeth Ensor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Bentley's Springs</b> Town <b>Balto.</b> County			MARYLAND			
Date of death 1903	Month <b>May</b>	Day <b>3</b>	Age <b>19</b>	Years	Months <b>2</b>	Days <b>8</b>
Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>Hanford Co., Md.</b>				
Married, Single or Widowed		Occupation <b>Housewife</b>				
Name of Wife or Husband		<b>Harry Franklin Ensor</b>				
Father's Name	<b>Harry Nelson</b>				Father's Birthplace	<b>Hanford Co., Md.</b>
Mother's Maiden Name	<b>Mary wife Sutton</b>				Mother's Birthplace	<b>Baltimore County</b>
Name of person giving information	<b>Clarence D. Ensor</b>				How related to deceased	<b>Bro-in-law</b>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

**Anormal Pregnancy.**

How long

**Nine months.**

Immediate

**Puerperal Septicaemia.**

How long

**Ten days.**

Are the name, age, sex, color, date and place correctly given above?

**yes.**

Signature of Physician

**E.W. Key**

**death**

Address  
**Millard Spring Carlton,  
Shanopton, Md.**

Accident or Suicide?



Name  
in  
Full

John F. Frech

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Annapolis Road Westport			County	Balt.	
Date of death 1903	Month May	Day 4	Age 58	Years	Months 2	Days
Sex Male	Color or Race	White -			Birth- place	Baltimore Md.
Married, Single or Widowed <u>Married</u>	Occupation <u>woman</u>					
Name of Wife <u>Husband</u>	Barbara Frech.					
Father's Name	Frederick Frech			Father's Birthplace	Germany	
Mother's Maiden Name	Rosina Steiniller -			Mother's Birthplace	Germany	
Name of person giving Information	Mary Frech			How related to deceased	Sister.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Pulmonary Phthisis.	How long 12 weeks
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address
Accident or Suicide?	Frank H. Publ. M.D. Lansdowne Balt. Md.

Ph. Drtt & Son

Name  
in  
Full

Harris Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 5	Day 1	Age 1	Years	Months	Days
Sex Female	Color or Race Colored	Birth-Place Md				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	167		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace Md.			
Name of person giving Information	George Taylor		How related to deceased Uncle			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Suffocation How long —

Immediate Burned How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician  
Address

August. 20 1903. Mr. Williams  
Mr. Williams  
Md

Accident or Suicide



Name  
in  
Full

Henry Gayell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1903	Month 5	Day 10	Years 35	Months	Days
Sex	Male	Color or Race	white	Birth- place	Baltimore City	
Married, Single or Widowed	Widower	Occupation	Wagon Driver			
Name of Wife or Husband	Alma Gayell (Deceased)					
Father's Name	Lionel Gayell			Father's Birthplace	Germany	
Mother's Maiden Name	Mary.			Mother's Birthplace	DO	
Name of person giving Information	Geo A. Miller			How related to deceased	Brother in Law	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Laryngeal Tuberculosis	How long
Immediate	Exhaustion	How long

Are the name, age, sex, color, date  
and place correctly given above?

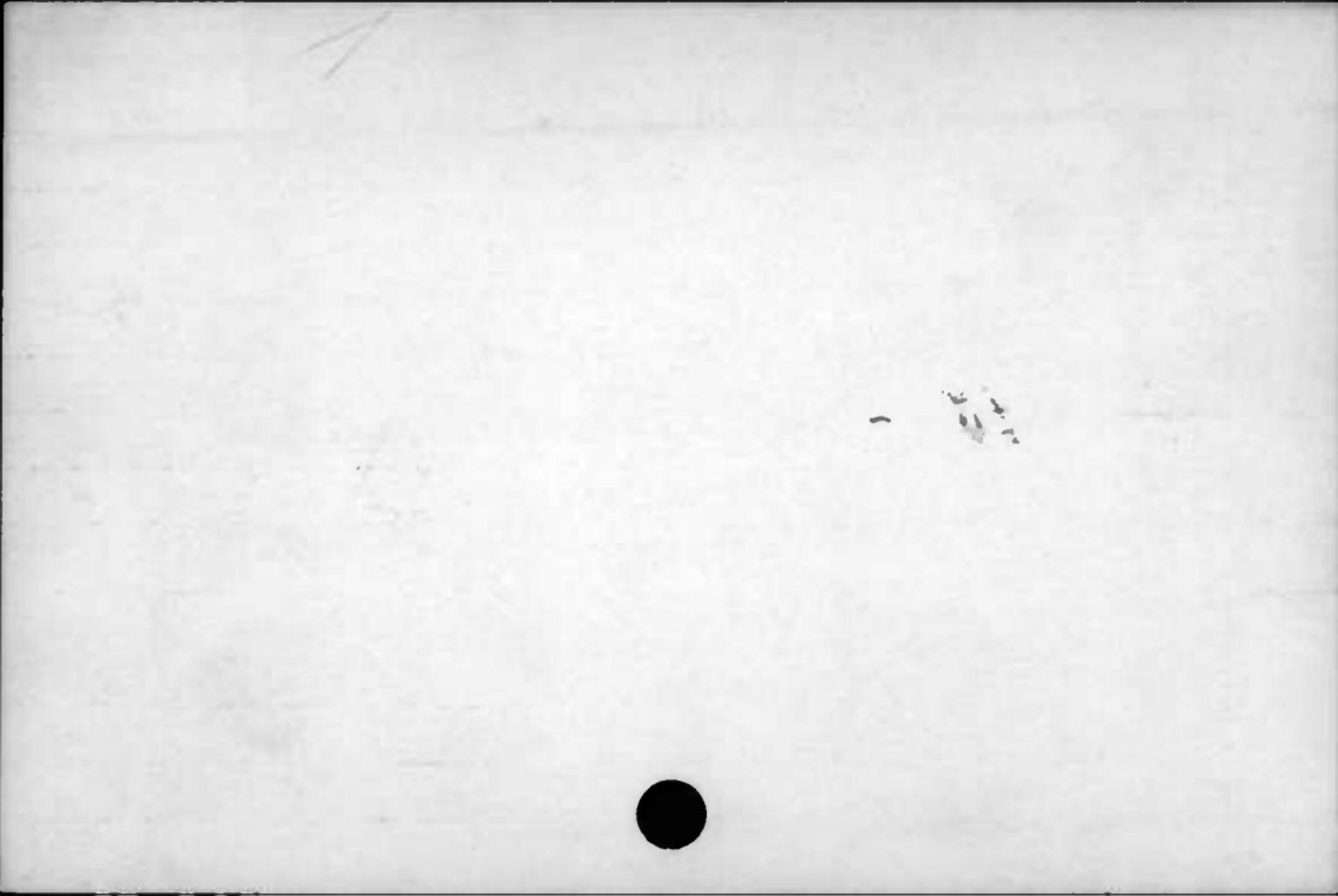
Yes

Signature of  
Physician

Address

J.W. Town MD  
1936 Linden St.  
Baltimore Md

Accident or Suicide?



Name  
in  
Full

Christian Bies

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Kisterstown	Baldo				Months	Days	
Date of death 1903	Month 5	Day 16	Age 59	Years 59	8	6	
Sex Male	Color or Race	White	Occupation	Baldo city Shoe maker			
Married, Single <del>&amp; Widowed</del>	Single						
Name of Wife or Husband							
Father's Name	John Bies Jr		108	Father's Birthplace	Germany		
Mother's Maiden Name	Anna Elizabeth Kraft			Mother's Birthplace	Germany		
Name of person giving Information	H. L. Bies			How related to deceased	Brother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hernia		How long	Ten Years
Immediate	Strangulated hernia		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	James Gore M.D.
			Address	Kisterstown Md.
Accident or Suicide?				



*Ellen Grahams*

Died at	Town	County	MARYLAND
<i>Hanover</i>	<i>Baltimore</i>		
Date 1893	Month 5	Day 11	
	Age 85	Y. M. D.	Native of <i>Baltimore</i>

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living 0

Husband  
of

*Howard Graham*

Wife

Mother's

Father's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

*J.B. Hall*

Address

*not known*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

**Attended by Dr.**

of

**Seen by Coroner**

of

**Information contained in this certificate received**

**from**

of

Name  
in  
Full

Ella Green

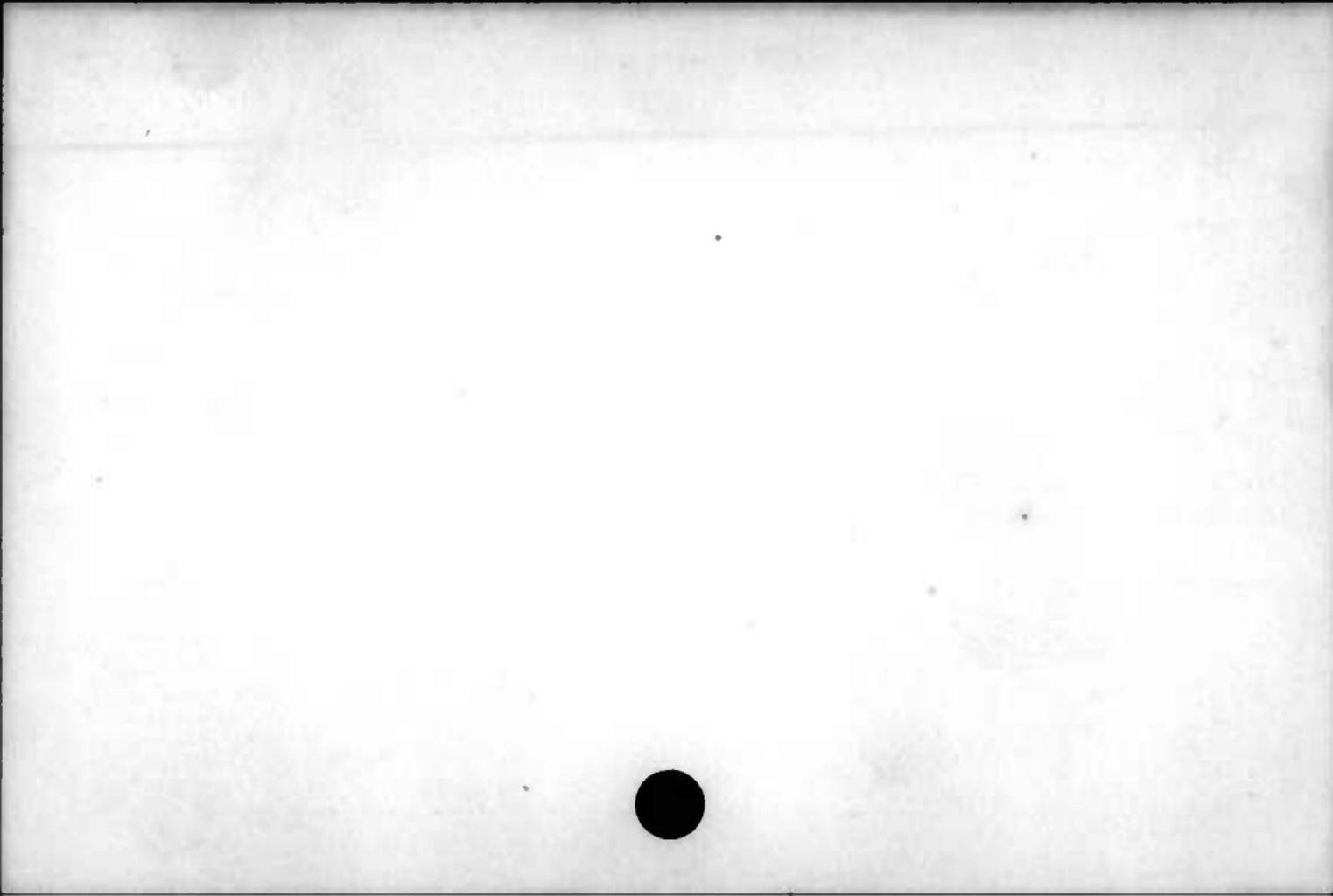
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
St. Agnes Sanitarium	Baltimore				
Date of death 1903	Month V.	Day 20	Years 42	Months	Days
Sex Female	Color or Race white	Birth-place Virginia			
Married, <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Occupation Housewife				
Name of Wife or Husband	Willard W Green				
Father's Name	—				
Mother's Maiden Name	—				
Name of person giving Information	W.W. Green				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cholangitis.	How long	—
	Immediate	Rupture or perforation of Gallbladder	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F.W. Agnew MD	
		Address	1938 Linden Av.	
Accident or Suicide?				



Martha Virginia Harding

Died at Halethorpe, Maryland

Town Month	County Day	Y. M. D.	Native of	Occupation
Halethorpe May	Baltimore 18	Age 23. 2. 4	Virginia	
<del>Male</del> Female	White Colored	Married Single	<del>Widower</del> Divorced	

Number of children living None

Husband of Fred. Harding

Wife Elizabeth W. Elmore Mother's Name Gonia Ross.

Father's Name Maiden Name

Cause of Death Primary Unknown How long sick 9 1/2 month

Death Immediate Phthisis Pulmonary Accident, Suicide, Homicide

Reported by H. Garrison, M.D.

Address Elk Ridge Md. 27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm. Maui Cook  
502 E. North Ave

Burial at Louder

Wednesday  
May 29/903.

Hannah Harvey

Town

County

Died at

Orange Grove

Baltimore

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 11

Age 33 - 9 - 22

Md.

Cook &amp;c.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband

of George Harvey

Wife

Father's

Name

Saml. Cooper

Mother's  
Maiden Name

Catherine Snell

Cause of

Primary

Acute Gastritis

How long sick

2 or 4 wks

Death

Immediate

Exhaustion -

104

Accident, Suicide, Homicide

Reported by

W.W.R. Eareckson

Eek Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary K. Heaffner.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 10 <sup>th</sup>	Years 7	Months 1	Days 28
Sex female	Color or Race white	Birth-place Balt Co. Md.			
Married, Single or Widowed	Occupation child	- - -			
Name of Wife or Husband					
Father's Name	George Heaffner Jr.			Father's Birthplace	Balt Co. Md.
Mother's Maiden Name	Bertha Ochse			Mother's Birthplace	Balt. Md.
Name of person giving information	Lizzie Thompson			How related to deceased	Aunt

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malignant Atactic Scorbutina	How long	2 days
Immediate	Coma and Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank H. Ruhle
		Address	Lansdowne, Md.
Accident or Suicide?			



Name  
in  
Full

Barbara Heinlein

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death 1903	Month May	Day 17 <sup>th</sup>	Years 2	Months 3	Days ~	
Sex Female	Color or Race white	Birth-place Baltimore Co. Md				
Married, Single or Widowed	single	Occupation None				
Name of Wife or Husband						
Father's Name	John Heinlein			Father's Birthplace	Germany	
Mother's Maiden Name	Anna Burger			Mother's Birthplace	Germany	
Name of person giving Information	John Heinlein			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Laryngeal Diphtheria	9a	How long 3 days
	Immediate	Aphyxiation		How long one day
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	David D. Jones
			Address	3118 O'Donnell St
Accident or Suicide?		✓		

Holy Redeemer Cemetery

May 18<sup>th</sup> 1903

Germans France

undertaker

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Henry Helsmeyer

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Highlandtown		Baltimore			
Date of death 1903	Month 5	Day 29	Age 63	Months -	Days -
Sex Male	Color or Race White	Occupation Shoemaker.	Birthplace Germany		
Married, Single Widowed					
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Wifia	166.	How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Accident How long

Immediate How long

Are the name, age, sex, color, date  
and place correctly given above?

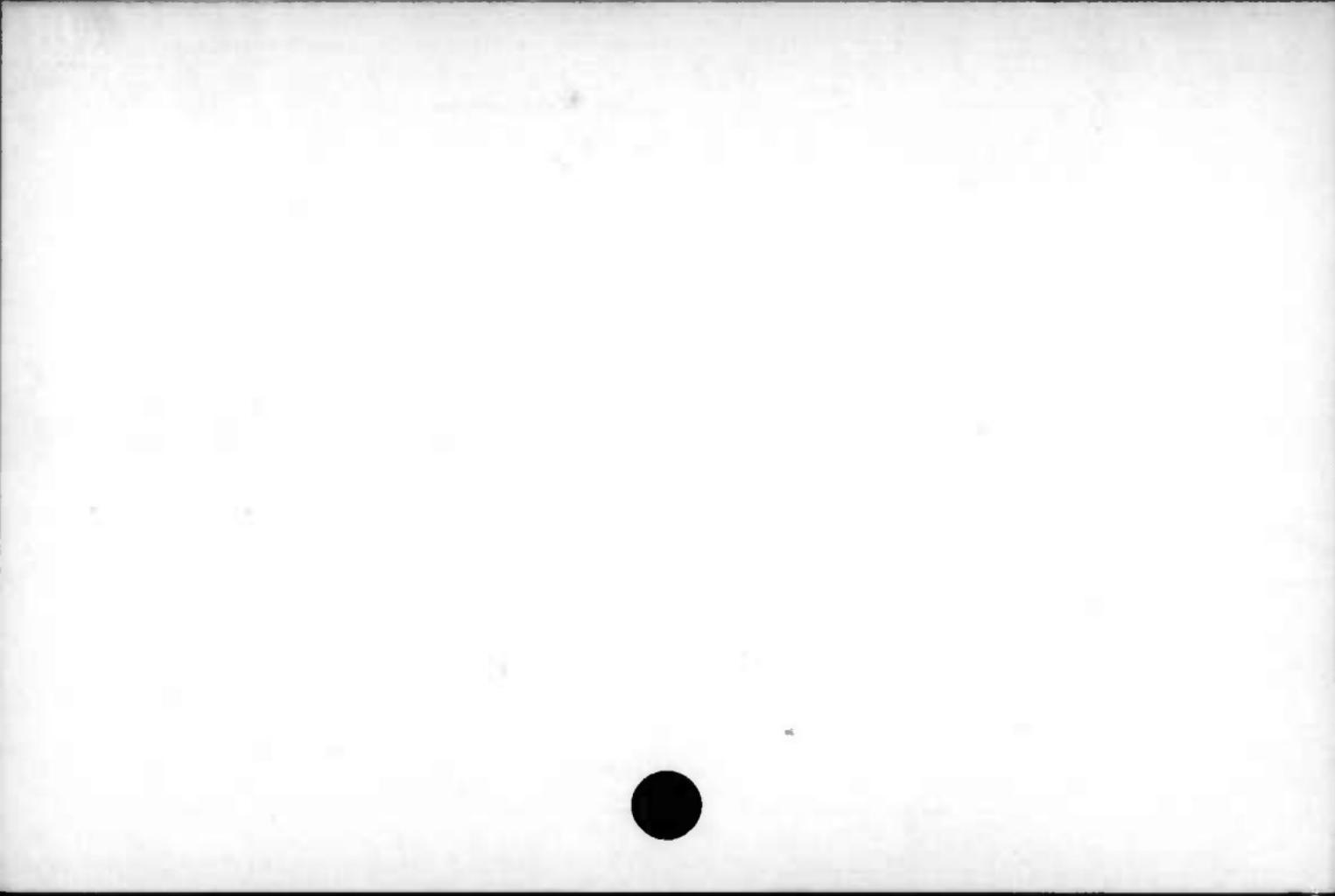
Signature of  
Physician

Address

W. H. Reven

Coroner.

Accident or Suicide?



Name  
in  
Full

Marie Hill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Canton		County Baltimore			MARYLAND	
Date of death 1903	Month May	Day 22 <sup>nd</sup>	Age 1	Years	Months 2	Days —
Sex Female	Color or Race white	Birth-place Balto. Co. Md.				
Married, Single or Widowed single	Occupation none					
Name of Wife or Husband						
Father's Name Frank Hill	Father's Birthplace Maryland					
Mother's Maiden Name Mary Reynolds	Mother's Birthplace Maryland					
Name of person giving information Frank Hill	How related to deceased Father.					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bleomphalitis	100	How long 3 weeks
	Immediate	Exhaustion		How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Address	David W. Jones M.D. 3118 O'Flaherty St.
Accident or Suicide?				

Sacred Heart Cemetery

May 23rd 1903

Germanus Thorne

undertaker

Name in Full

Certificate of Death

E.

Town

Irene Hiltner

Died at

Date of death

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Meningitis

How long sick

Exhaustion

3 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. J. Weller, M.D.  
1114 Chesapeake

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Mt Carmel

Seen by Coroner

May 10<sup>th</sup> 1903

of

25 Gleasons + son  
1820 Canton Ave

Information contained in this certificate received

from

of



Name  
in  
Full

Susannah Kiss

## CERTIFICATE OF DEATH

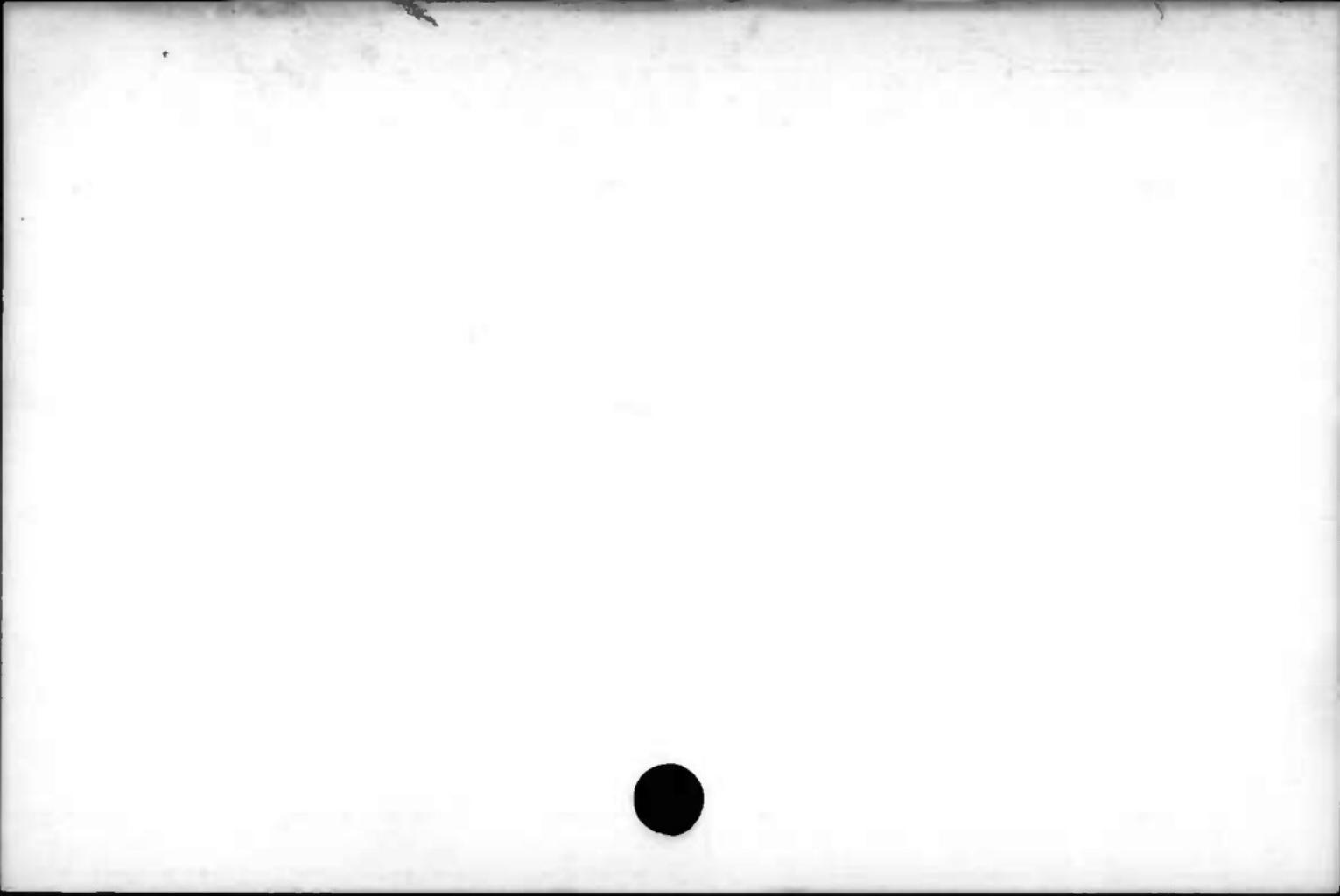
TO BE ANSWERED BY  
NEAREST FRIEND

Town.	County		
Died at Parkerville	Baltimore		
Date of death 1900 3 May	Month 8	Age 88	Years 3 Months 7 Days
Sex female	Color or Race white	Birth-place Frederick	
Married, Single or Widowed Widowed	Occupation Housework		
Name of Wife or Husband Susannah Kiss			
Father's Name Fred K. Smith	Father's Birthplace Fred K. and		
Mother's Maiden Name Eliz. Clean	Mother's Birthplace "		
Name of person giving Information	How related to deceased Son		
Susannah Kiss			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	154	How long 1 day
Immediate	Heart failure		How long "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo F. Force	Address Gardenville Md-
Accident or Suicide?			



Name  
in  
Full

Elijah Beck Hoenevogt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 9	Years 73	Months 4	Days 4
Sex Female	Color or Race White	Occupation Housekeeper	Birth-place Germany		
Married, Single or Widowed				Father's Birthplace	Germany
Name of Wife or Husband				Mother's Birthplace	Germany
Father's Name					
Mother's Maiden Name					
Name of person giving information	F. Weissman 93			How related to deceased	Son

CAUSES OF DEATH

Primary	Pneumonia - Bilateral	How long	4 days -
Immediate	Cardiac Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank O'Brien
Yes.		Address	1713 Oak St -
Accident or Suicide?			

Bala Leon  
Linda Son.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Narie A. Finnegan  
Canton

## CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Date of death	Month	Day
1903	5	3
Age	Years	Months
	1	5
Sex	Color or Race	Days
Female	White	3

Married, Single  
or Widowed

Occupation

Birth-place

Balto

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

105

How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paroxysm  
Exhaustion

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

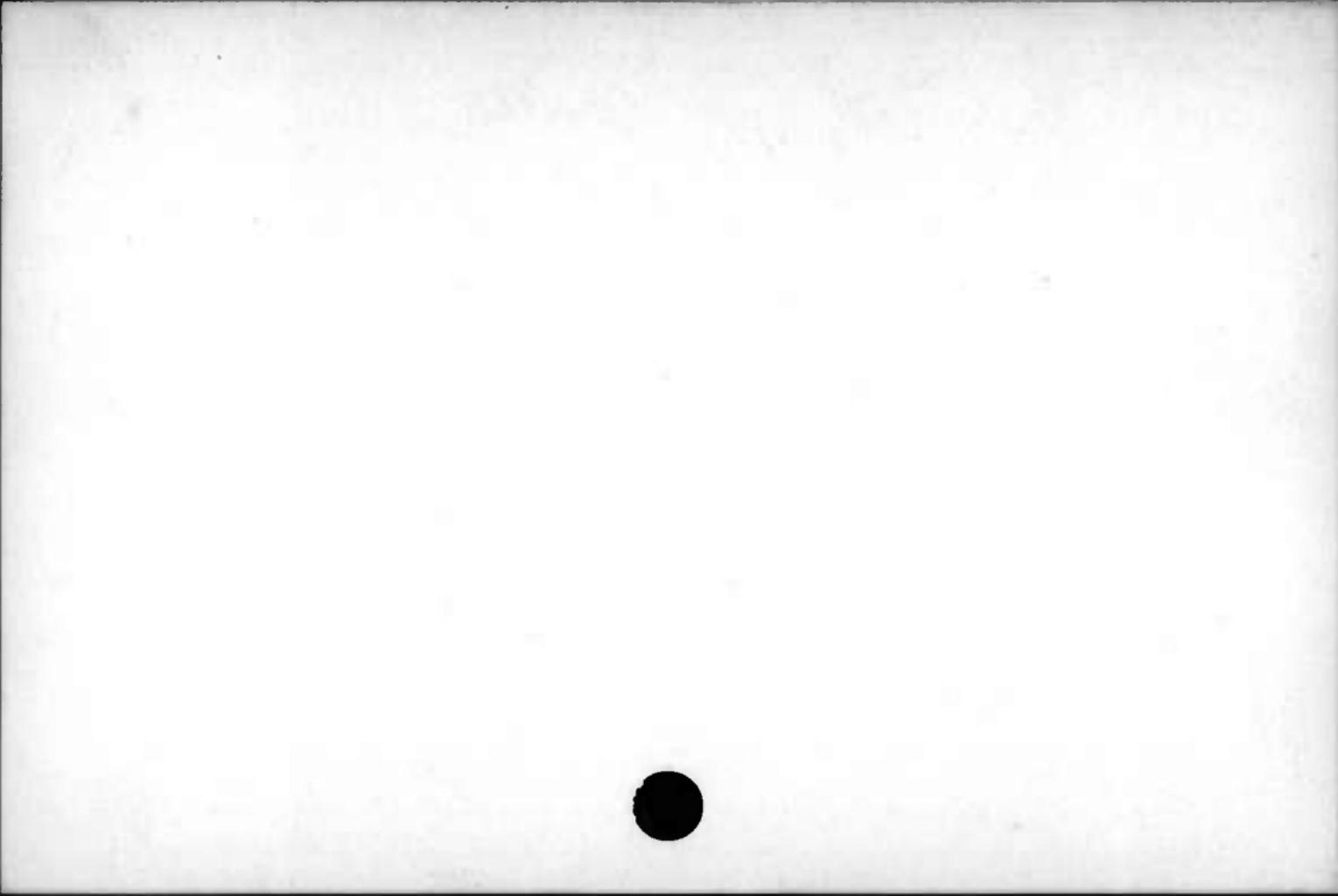
Signature of Physician

How long

Address

Swright  
1023 Canton St

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Huber.

CERTIFICATE OF DEATH

MARYLAND

Died at <u>491 Orleans East</u>		Town <u>Baltimore</u> County				
Date of death <u>1903</u>	Month <u>5.</u>	Day <u>23</u>	Age <u>—</u>	Years <u>—</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>Boy</u>	Color or Race <u>white</u>	Birth-place <u>Orleans St -</u>				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	<u>Joseph Huber</u>			Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Elsitrene Martin</u>			Mother's Birthplace	<u>Germany</u>	
Name of person giving Information	<u>Joseph Huber</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

Primary	<u>Cerebro Spinal Fever</u>	How long	<u>3 week</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Jas. L. Drury MD</u>
		Address	<u>329 Gough St Highlandtown</u>
Accident or Suicide?			

Sacred Heart Cemetery

May 25<sup>th</sup> 1903

Germans France.

Under later

Name  
in  
Full

Katiz Hughes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	Occupation		Birth- place	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	George Hughes 16			Father's Birthplace	Md	
Mother's Maiden Name	Dymer Gardner			Mother's Birthplace	Md	
Name of person giving Information	George Hughes			How related to deceased	Father	

CAUSES OF DEATH

Primary

Suffocation

How long

—

Immediate

Burned

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

August W. Mills Coroner  
Mr. Wm. W. Manus  
Md

Accident or Suicide



Name  
in  
Full

William Hughes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	5	1	3		
Sex	Male	Color or Race	Colored	Birth- place	America
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	George J. Hughes	Father's Birthplace	Md.		
Mother's Maiden Name	Agnes Gardner	Mother's Birthplace	Md		
Name of person giving Information	George Hughes	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Suffocation

16

How long

Immediate

Burned

How long

Are the name, age, sex, color, date  
and place correctly given above?

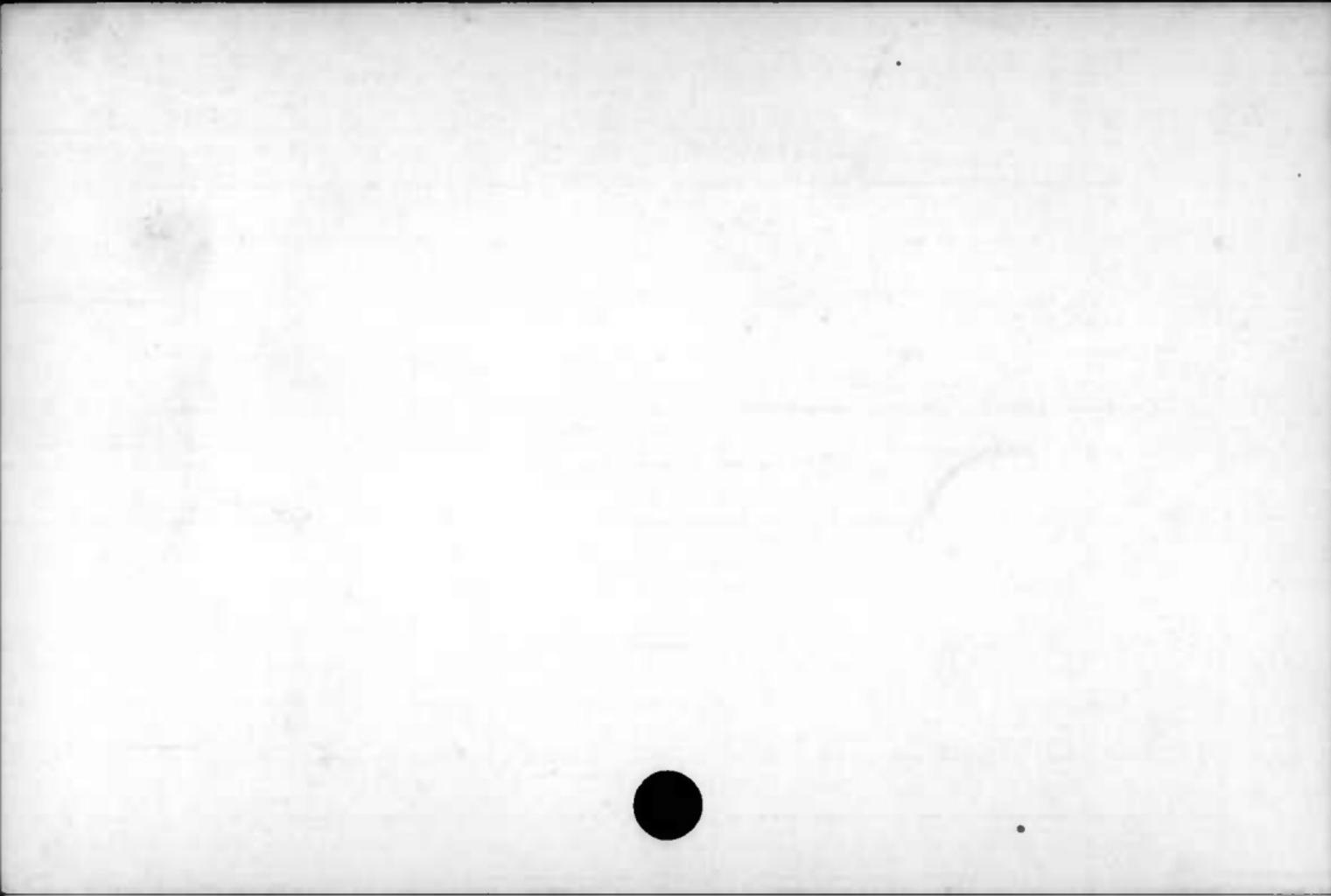
yes

Signature of  
Physician

Address

August W. Miller, M.D.  
Mr Williams  
Md

Accident or Suicide?



Name  
in  
Full

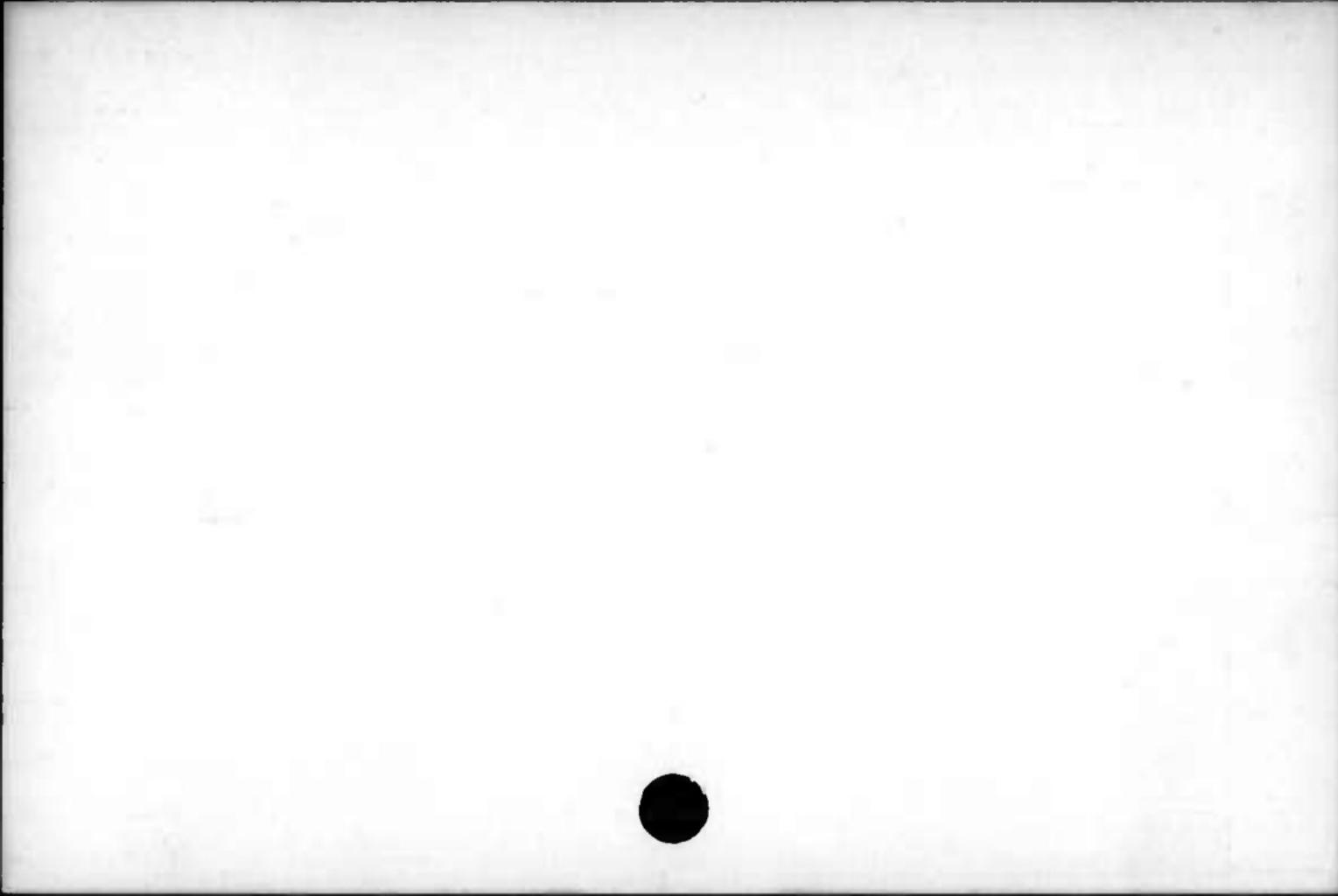
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oxon Hill</u>		Town	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>May</u>	Day <u>16</u>	Age	Years	Months	Days
Sex <u>Female</u>	Color or Race	<u>Blonde</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	<u>42</u>					How related to deceased

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Carcinoma cervix uteri</u>	How long
	Immediate <u>Exhaustion</u>	How long <u>1 year.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. A. Pearce, M.D.</u>
		Address <u>2105 - Charles St.</u>
Accident or Suicide?		



Name  
in  
Full

James F. Jones -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Cross Keys		County	MARYLAND	
Date of death 1903	Month May	Day 30	Age 16	Months	Days
Sex Male	Color or Race	Color.		Birth-place	Baltimore Co
Married, Single or Widowed	Single		Occupation	Sc Lolar.	
Name of Wife or Husband	u				
Father's Name	Thomas Jones.		Father's Birthplace	Md	
Mother's Maiden Name	Wasy. E Hall.		Mother's Birthplace	Va	
Name of person giving Information	ref olkin		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spinal meningitis	How long	6 months
Immediate	Tubercular Enteritis	How long	6 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. R. Wantzys
		Address	766 - 3rd ave

Accident or Suicide?

A. S. Marshall  
3539 Falls Road

Zion Church Cemetery  
Baltimore Co.

mhml &

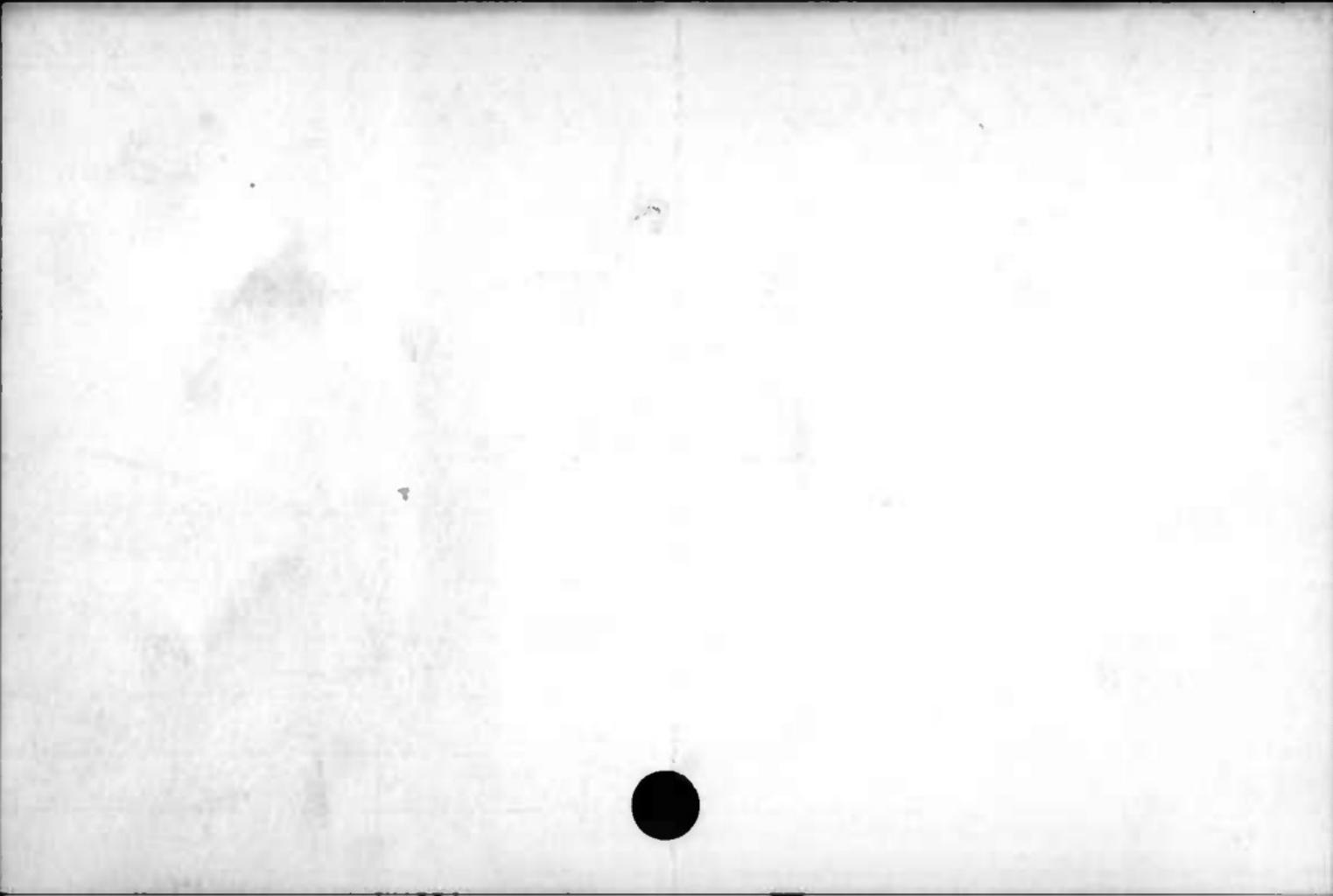
Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH					
MARYLAND					
Died at		Town	County		
Date of death 1903	Month May	Day 27	Years 75	Age	Months — Days —
Sex Male	Color or Race White	Birth-place Maryland			
Married, Single or Widowed Widowed	Occupation Farmer				
Name of Wife or Husband Elizabeth Wise					
Father's Name dont know	Father's Birthplace dont know				
Mother's Maiden Name dont know	Mother's Birthplace dont know				
Name of person giving Information Mrs E. Ensor	How related to deceased Brother-in-law				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Capillary Chronic Bronchitis	How long 1 year
	Immediate Heart Failure	How long 3 or 4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R R Morris
Yes		Address Parkton
Accident or Suicide?		Ind



Name  
in  
Full

Israel Karavzoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	St. Agnes Sanatorium	Town	County	MARYLAND		
Date of death 190	May	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	white	Birth-place	Russia.	
Married, Single or Widowed	Occupation			Father's Birthplace		
Name of Wife or Husband				Mother's Birthplace		
Father's Name						
Mother's Maiden Name	ab					
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause: Laryngeal Tuberculosis How long

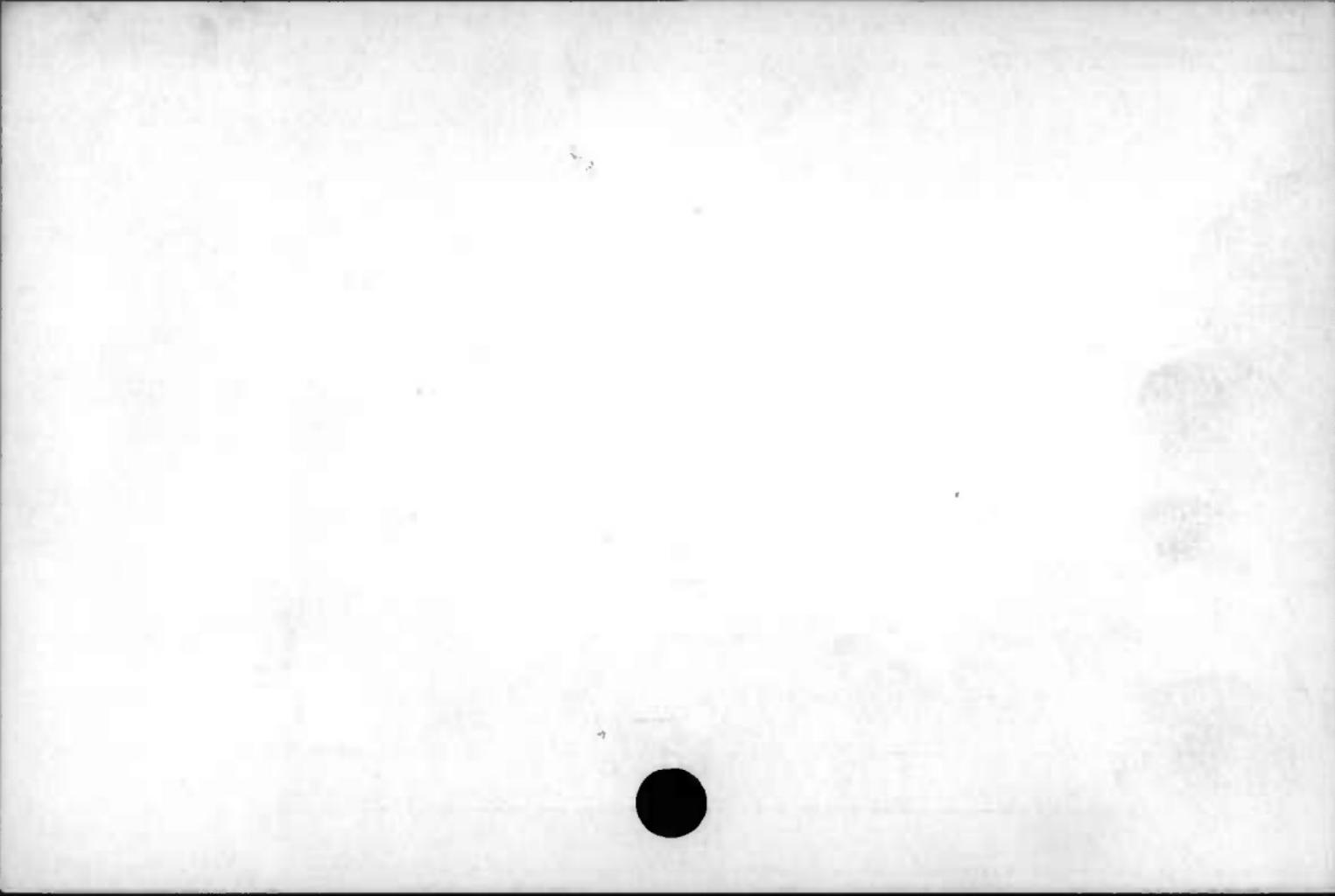
Immediate Cause: Emphysema How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Lena Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Canton		County	Baltimore	MARYLAND				
Date of death 1903	Month	May	Day	80	Years	42	Months	—	Days	
Sex	Lemore	Color or Race	White	Birth-place	Germany					
Married, Single, or Widowed	Occupation									
Name of Wife or Husband	Chas. Keller				35					
Father's Name					Father's Birthplace Germany					
Mother's Maiden Name					Mother's Birthplace Germany					
Name of person giving information	Chas. Keller				How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Poly Paroxysm Hemorrhage

How long

on home

Immediate

Asthma

How long

"

Are the name, age, sex, color, date and place correctly given above?

Is

Signature of Physician

G L Wieslers

Address

6 N. Brady

Accident or Suicide?

P. Evangelii Com

H. SANDER & SONS,

1703 17th Street, N.W.

Name  
in  
Full

Ferdinand S. Key

CERTIFICATE OF DEATH

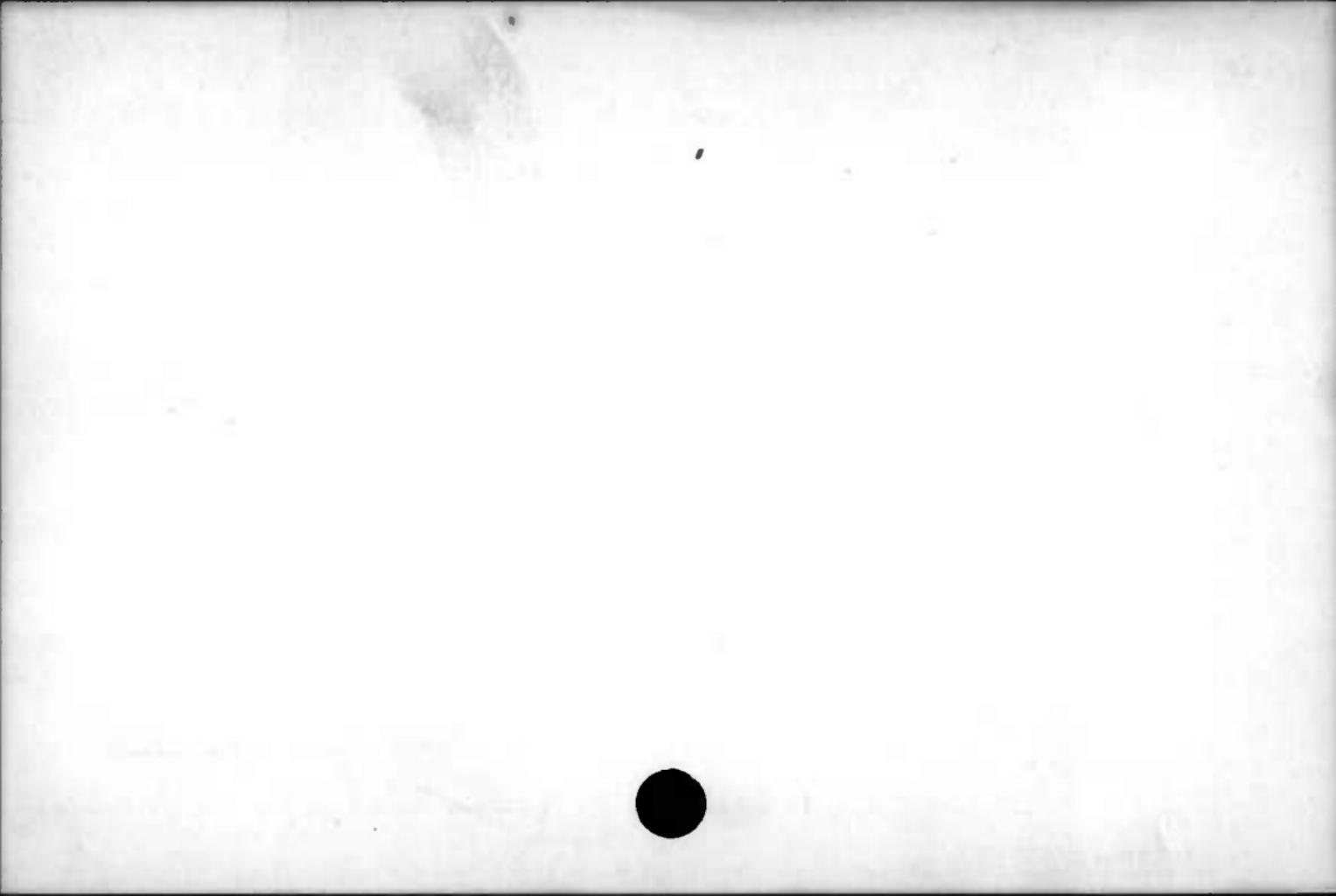
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 7	Age 77	Years	Months
Sex Male	Color or Race White	Occupation Clerk	Birth-place Baltimore		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia (Clestial)	How long
Immediate	Exhaustion. Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes.		Address
Accident or Suicide?		J. M. Ryan M.D. St. Agnes Sanitarium



Mary D. Kueaid

Died at	Town	Month	Day	Y.	M.	D.	County	Balto.	MARYLAND
Date	Hillen Road	May	16	Age	46		Native of	Penna	Occupation
							Widow	Divorced	House wife
							Widower	Number of children living	5

Husband of Frank W. Kueaid

Wife Father's Name

Mother's Name Sophie Baer

How long sick

Cause of Primary La Grippe

Death Immediate Pulmonary Tuberculosis

Accident, Suicide, Homicide

Reported by Dr. E. H. Duncan

10

Address Gorans Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm Mannie Cook  
funeral Director  
Burial to Be made  
at South Delta. Ind

Harriet Henneman

Died at	Town <u>Westport Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date 19	Month <u>03</u>	Day <u>May 23</u>	Age <u>35</u>	Native of <u>Torchesby Hosseworf</u>	Occupation <u>Housewife</u>
	Male <u>White</u>	Female <u>Colored</u>	Married <u>Single</u>	Widow <u>Widower</u>	Divorced <u>None</u>
					Number of children living <u>none</u>

Husband  
of

Henneman

Wife

Father's  
Name

John Brune

Mother's

Maiden Name

Unknown

Cause of

Primary

How long sick

Death

Immediate

Reported by

Hemorrhage from lungs

Accident, Suicide, Homicide

Address

C R Wrenson Rd  
Jefferson  Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Arthur W. Klohr

CERTIFICATE OF DEATH

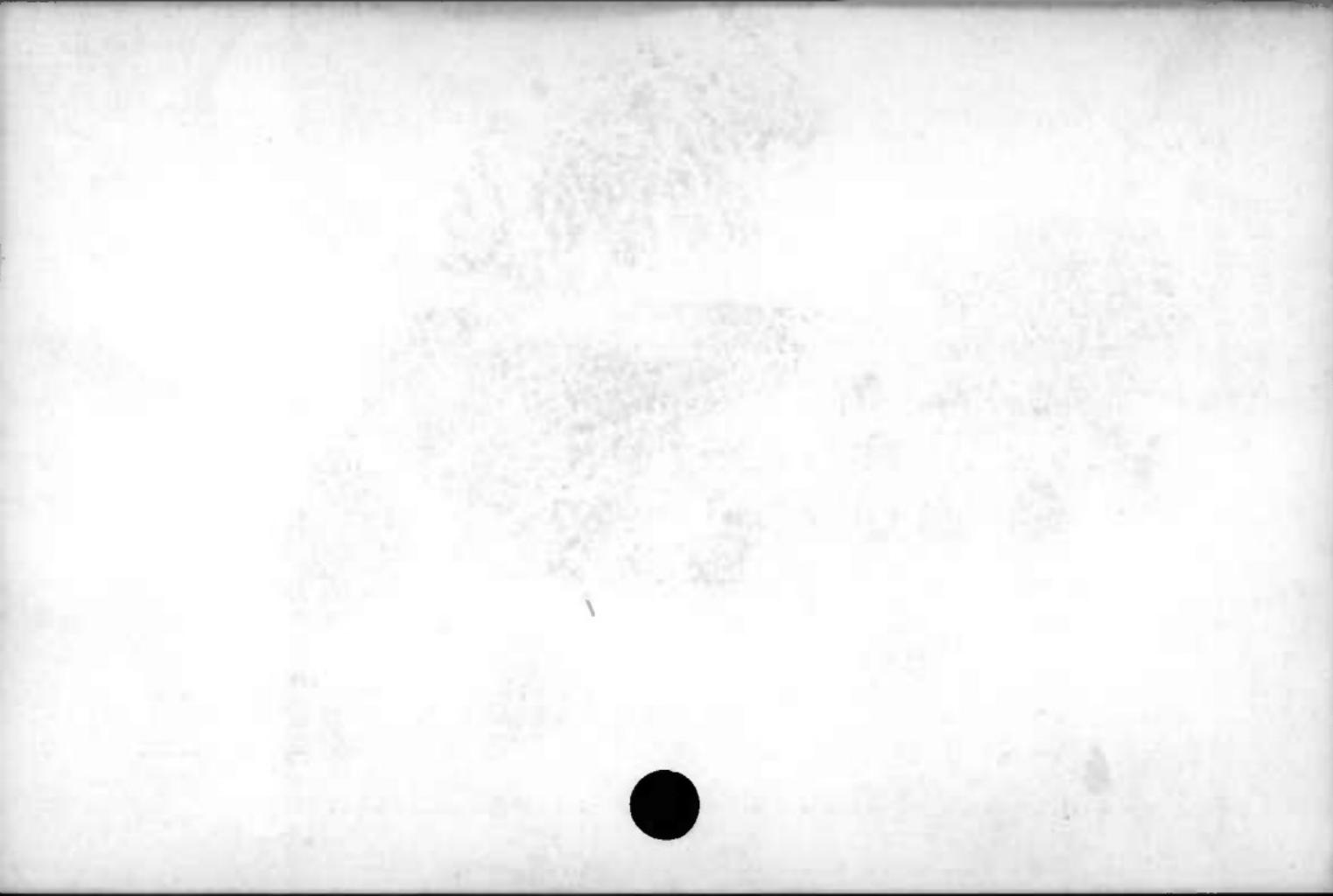
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Art Wilson</u>		Town	<u>Baltimore</u>		County	MARYLAND		
Date of death 1903	Month <u>May</u>	Day <u>2</u>	Age <u>3</u>	Years <u>3</u>	Months <u>6</u>	Days <u>1</u>		
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>white</u>		Birth- place <u>Baltimore</u>				
Married, Single or Widowed <u>Single</u>								
Name of Wife or Husband								
Father's Name <u>Mrs. M. Klohr</u>	167		Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Rodger-W. Oving</u>			Mother's Birthplace					
Name of person giving Information <u>Carrie Court</u>			How related to deceased <u>Aunt</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Accidental Burning</u>	How long <u>Instantaneous</u>
Immediate <u>Exhaustion Shock</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Henry Taylor</u>
	Address <u>Pikeville</u>
Accident or Suicide?	<u>MD</u>



Name in Full

Certificate of Death

Anna M Throth

Town

County

Died at Rosedale Baltimore

MARYLAND

Died at Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Y.

M.

D.

Native of

Occupation

Female

Caucasian

Married

Y.

M.

D.

Native of

Occupation

Husband of

Jos. Throth

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Cerebral apoplexy

Accident, Suicide, Homicide

Reported by

C. V. Meader M.D.

Address

Rossville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Charles J. Kraemer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month V	Day 24	Years 66	Months	Days
Sex Male	Color or Race White	Birth-place Germany			
Married, Single, or Widowed		Occupation Diner			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Charles M. Kraemer			How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cancer of liver with exhalation 40

How long

Immediate

How long

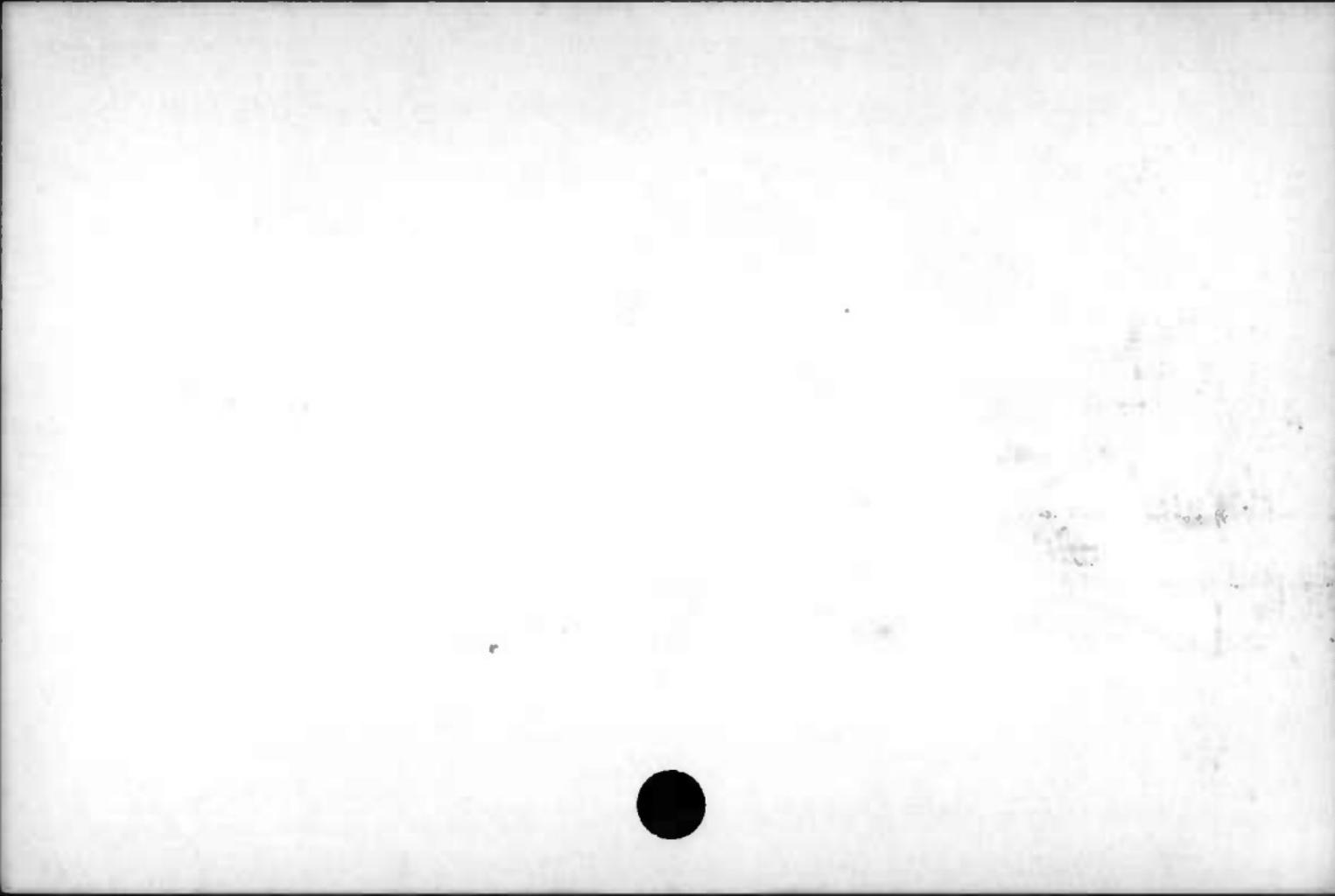
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thomas Brown MD  
1938 Sudler Ave.

Accident or Suicide?



Name  
in  
Full

Harry E. Kramer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month 5	Day 29	Age 30	Years	Months 6	Days 4
Sex	Male	Color of Race	White	Birth-place	Pa		
Married, Single or Widowed	Singl	Occupation	Laborer				
Name of Wife or Husband							
Father's Name	Samuel C. Kramer			Father's Birthplace	Pa		
Mother's Maiden Name	Mary E. Kramer			Mother's Birthplace	Pa		
Name of person giving Information	Frank R. Reid			How related to deceased	none		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	27	How long 6 months
Immediate	Asthma		How long 1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank R. Reid
		Address	Fraser
Accident or Suicide?			Reid



Name  
in  
Full

Bland Ruth Strummel

CERTIFICATE OF DEATH

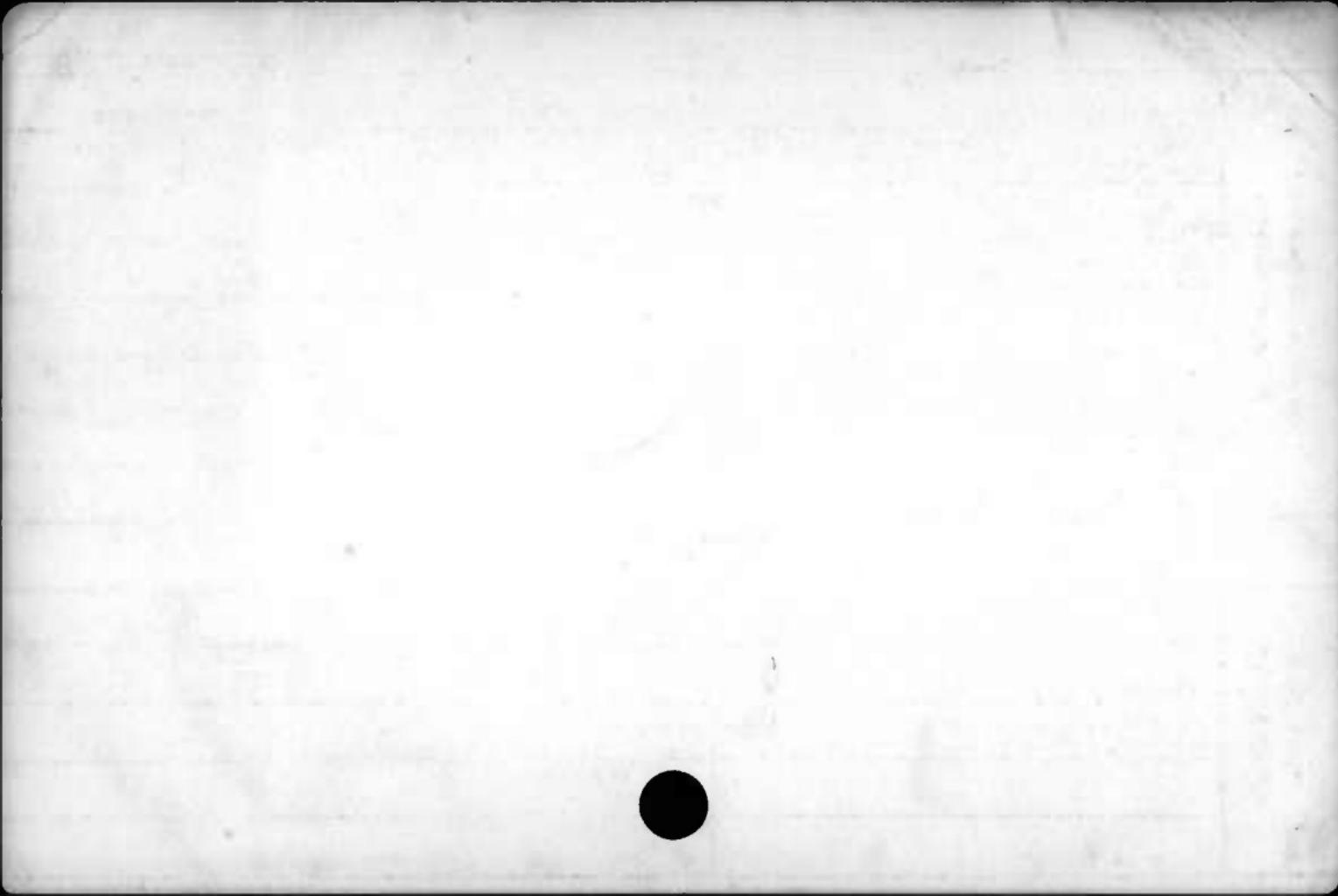
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 1	Years 5	Months 4	Days 20
Sex Female	Color or Race white	Birth-place Balt Co. Md.			
Married Single or Widowed	Occupation Child				
Name of Wife or Husband					
Father's Name Max Strummel	Father's Birthplace Germany				
Mother's Maiden Name Virginia G. Accos	Mother's Birthplace Virginia				
Name of person giving Information Virginia G. Strummel	How related to deceased Mother.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	93	How long 4 days
Immediate	Exhaustion	93	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Frank H. Ruhle	Address
Accident or Suicide?			



Name  
in  
Full

Henry Leev

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month May	Day 7 <sup>th</sup>	Age 43	Years	Months	
Sex Male	Color or Race White	Birth-place Baltimore	Days			
Married, Single or Widowed	Occupation					
Single	Grocer					
Name of Wife or Husband						
Father's Name	Herman Leev		Father's Birthplace			
Mother's Maiden Name	M. --		Mother's Birthplace			
Name of person giving information	Herman Leev		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Maine Acute 68	How long	one month
Immediate	Septic Infection	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles G. Hise
		Address	Mt. Hope
Accident or Suicide?			bed



# Edward Lewis Lohr

Town      County  
 Died at      Phoenix      Baltimore      MARYLAND

Date 1903	Month May	Day 5	Y. 100	M.	D.	Native of MD	Occupation infant
Male	White			Age	Widow	Divorced	
Female	Colored			Married			
				Single	Widower	Number of children living	

Husband of

Wife

Father's Name

Robt. Lohr

Mother's Maiden Name

Gwen Parrot

Cause of Death

Primary Premature Birth

How long sick

(13 days)

Death

Immediate Invasion

Incident Suicide, Homicide

Reported by

Dr B.B. Banson

15

Address

Cochranville

Baltimore, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Patrick McCarty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
3	May	28	56			
Sex	Male	Color or Race	White	Birth- place	Ireland	
Married, Single or Widowed		Occupation				
		Laborer				
Name of Wife or Husband		Mary McCarty				
Father's Name		X				
Mother's Maiden Name		X				
Name of person giving Information		Mary McCarty				
CAUSES OF DEATH						
Primary	Tuberculosis & Galantitis				How long	
Immediate	X				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				Address		
Accident or Suicide?				Thompson Glynn Dr No		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Daniel McElroy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bull's Co.		Town	County		MARYLAND	
Date of death 1903	Month May.	Day 30.	Years 55	Months —	Days —	
Sex Male	Color or Race White	Occupation Baker.	Birth-place Md.			
<del>Married, Single or Widowed</del>						
Name of Wife or Husband						
Father's Name		P.D.		Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information		Edw. J Fanning		How related to deceased No.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Bright's disease How long

Immediate How long

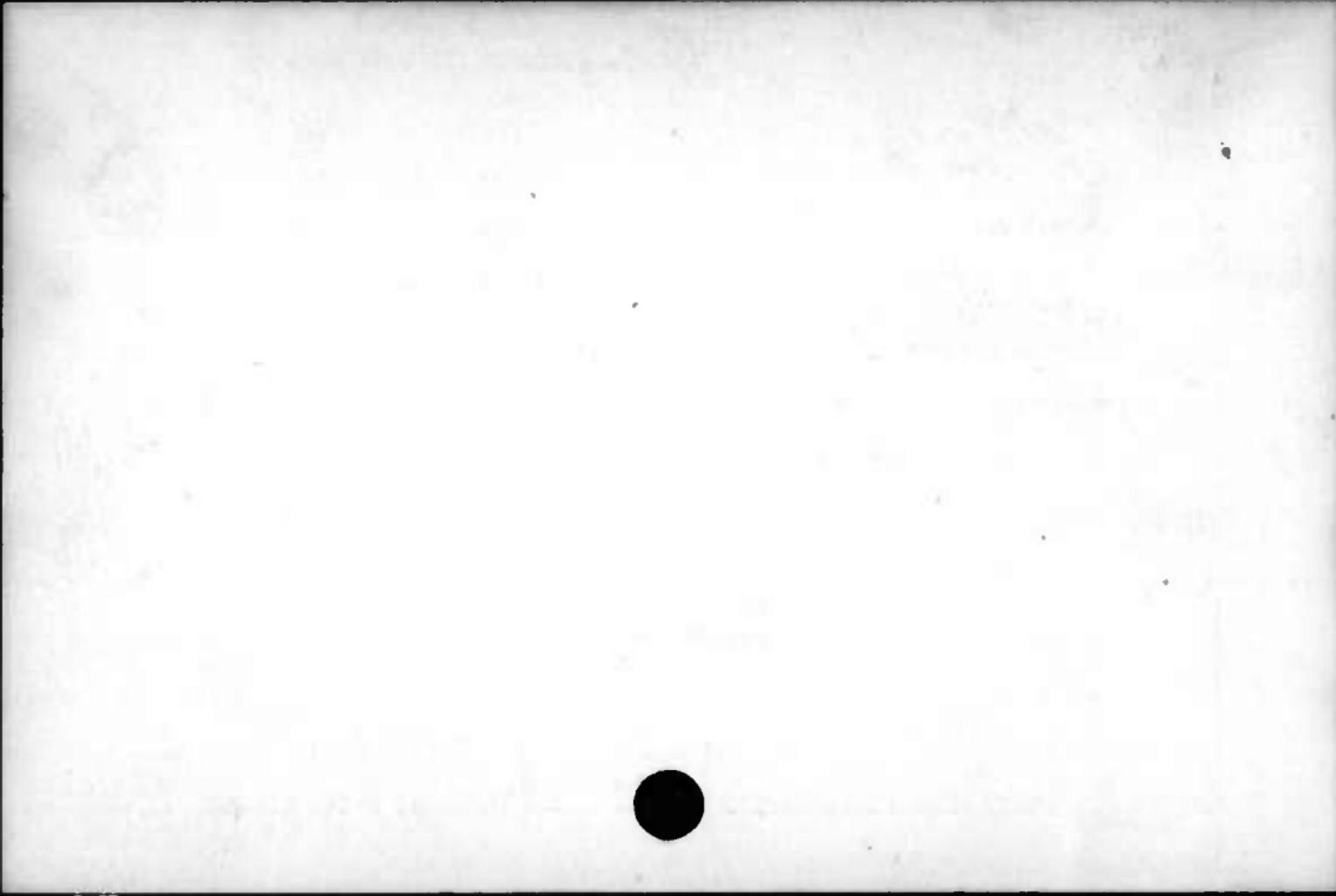
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Ray,  
Coroner.

Accident or Suicide?



Thomas Raymond M. Lee

Town

County

MARYLAND

Died at

Roland Park, Baltimore, Md.

Month

Day

Y. M.

D.

Native of

Occupation

Date 19

3 May 1911

Age

22 yrs.

Mo.

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Chas. J. Lee  
Mother's  
Maiden Name

104

Cause of

Primary

Acute inflammation of the stomach (May)

How long sick

Death

Immediate

Exposure to cold

Accident, Suicide, Homicide

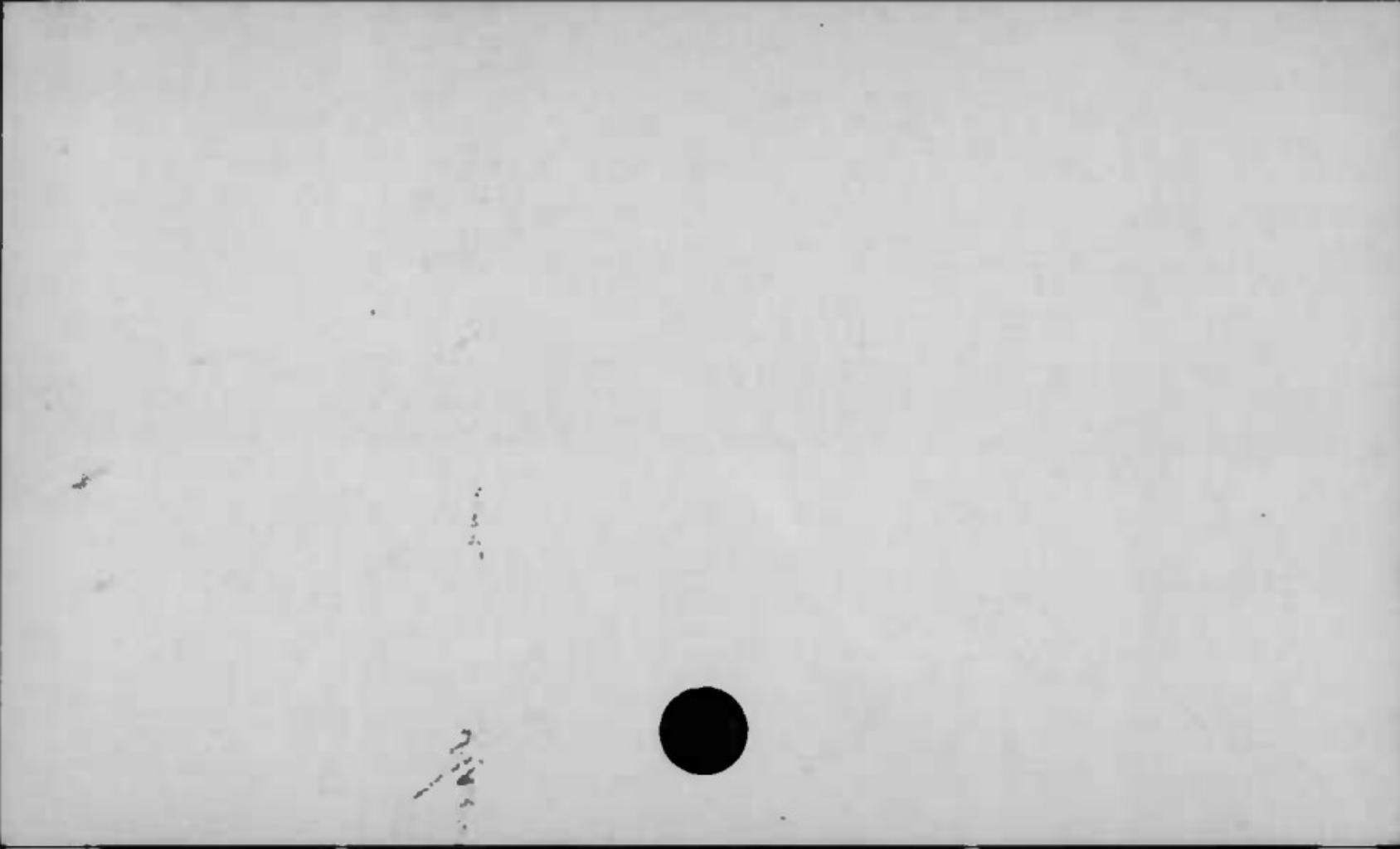
Reported by

Henry F. Cawood, M.D.

Address

Roland Park, Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



May Eugenia Marsh.

Died at Monkton Town Baltimore County MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
19 03	5	21	Age	7	19	<u>nde</u>	—
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband  
of

Wife

Father's Name John Tolley Marsh Mother's Maiden Name Sarah E. Watt

Cause of Death	Primary	Secondary	How long sick
Primary	Cerebro-Spinal	menengitis	1 week
Immediate			

Reported by

Address

J. Ross Payne M.D.  
Corbett

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Lillie Margaret Massiner

CERTIFICATE OF DEATH

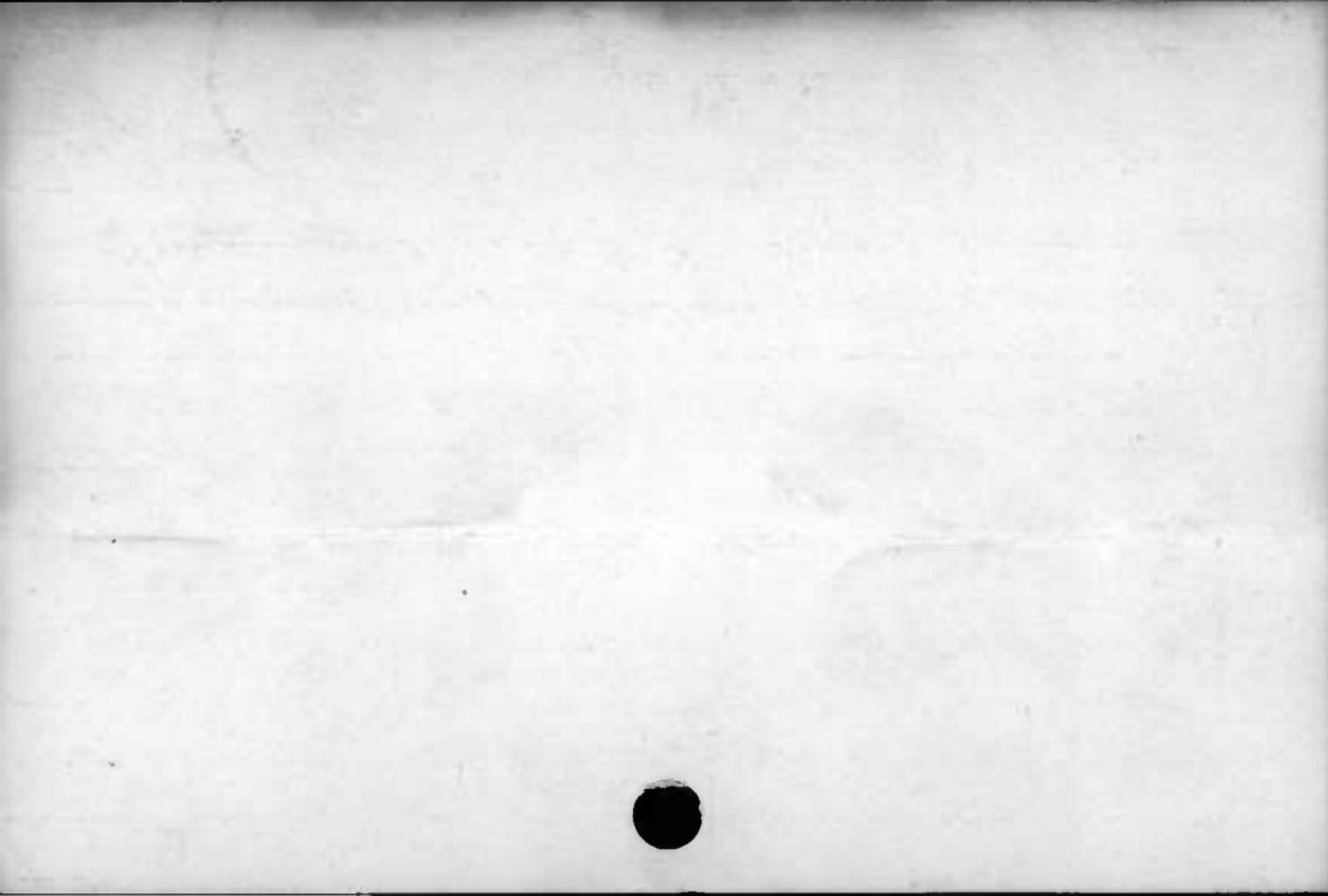
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Steltz Pa.</i>	County <i>Baltimore</i>	MARYLAND		
Date of death 1903	Month <i>May</i>	Day <i>18</i>	Years —	Months <i>8</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Occupation <i>8</i>	Birth- place <i>Steltz Pa.</i>	<i>Septant</i>	
Married, Single or Widowed	—	—	—	8	
Name of Wife or Husband	—	—	—	8	
Father's Name	<i>John E Massiner</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Emma C Amapacher</i>			Mother's Birthplace	<i>Pensacola</i>
Name of person giving Information	<i>John E Massiner</i>			How related to deceased	<i>Traller</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pertussis</i>	How long <i>5 weeks.</i>
Immediate	<i>Not known.</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		
Address	<i>Jas. L. Yagle M.D. New Freedom, Pa.</i>	
Accident or Suicide?	—	



<i>John Burkhardt Matthews</i>			
Died at	Town <i>Philipsburg</i>	County <i>Potowmack</i>	MARYLAND
Date 1903	Month <i>May</i>	Day <i>11</i>	Native of <i>Formerly</i>
Male	White	Y. M. D. <i>83-6-47</i>	Occupation <i>Former</i>
Female	Colored	Married	Divorced
		Singler	Number of children living <i>5</i>
Husband of	<i>Rennie F. Leekley</i>		
Wife			
Father's Name	<i>Howard Matthews</i>	Mother's Maiden Name <i>Sarah Hopkins</i>	
Cause of Death	Primary <i>Chronic Sclerosis of Brain</i>	How long sick <i>3 Years</i>	
	Immediate <i>Meningitis</i>		Accident, Suicide, Homicide
Reported by	<i>Dr T. B. Barron</i>		
Address	<i>Gaithersburg</i>  <i>P. O. Box 1000</i>		

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Garfield Mazer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Everna			Baltimore				
Date of death 1903	Month 5	Day 30	Age 23	Years	Months 2	Days 24	
Sex Male	Color or Race		White	Occupation	Birthplace Harpford		
Married, Single or Widowed			Laborer				
Name of Wife or Husband							
Father's Name	Robert Marion Mazer		✓	Father's Birthplace	Berea		
Mother's Maiden Name	Carrie Ann Thompson			Mother's Birthplace	Mt. Carmel		
Name of person giving Information	R. Harry Mazer			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's Disease		How long	Two years
Immediate	Uremia		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Drach	
		Address	Butler Md	
Accident or Suicide?				

Int Carmel May 2nd

Name  
in  
Full

Leonard J. Medcalf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month	Day	Years	Months Days
Sex	Male.	Color or Race	Age	65
Married, Single or Widowed	Occupation	Birthplace Frederick City		
Name of Wife or Husband	Married Shoemaker.			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mitral Regurgitation		How long
Immediate	Exhaustion.		one year.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	How long
		Thomas J. Talbot M.D.	
		Address	2505 Penna Ave
Accident or Suicide?	Baltimore Md.		

N. Willan Hall  
3539 Falls Road  
St Mary Hampden

Name  
in  
Full

Sarah E. Mellon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Mount Hope Retreat	Baltimore			
Date of death 1903	Month 5	Day 25	Years 56	Months	Days
Sex Female	Color or Race white	Birth-place			
Married, Single or Widowed widow	Occupation				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Melancholia - Exhausion - How long

Immediate exhaustion - How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Frank J. Flannery  
Mount Hope Retreat  
Mount Hope Md -

Accident or Suicide?



Name  
in  
Full

Sallie G. Mekins,  
Leaksville, Balt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 6	Age 23	Years	Months Days
Sex Female	Color or Race	White	Birth- place	Delaware.	
Married, Single or Widowed	Married	Occupation	Housewife.		
Name of Wife or Husband	F. P. Mekins.				
Father's Name				Father's Birthplace	X
Mother's Maiden Name	64			Mother's Birthplace	X
Name of person giving Information				How related to deceased	X

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Melancholia	How long 53 weeks.
Immediate Pulmonary Tuberculosis	How long 6 mos.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address
Accident or Suicide? No.	J. H. & Nade Leaksville



Name  
in  
Full

Fred Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1963	Month 5	Day 12	Age 5	Years 5	Months 8 Days -
Sex male	Color or Race white	Occupation	Birth- place Balt		
Married, Single or Widowed -					
Name of Wife or Husband					
Father's Name John Miller				Father's Birthplace Balt	Balt
Mother's Maiden Name Kate Miller	aa			Mother's Birthplace Balt	Balt
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diphtheric asphyxia	How long 7 days
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A.S. Wagner
	Address 1120 Highland Av
Accident or Suicide? -	



Name  
in  
Full

Wm. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>St. Agnes' Hospital</i>	County <i>Baltimore</i>	MARYLAND		
Date of death 19013.	Month V	Day 28	Age .39	Years	Months	Days
Sex Male	Color or Race White			Birth- place <i>Baltimore</i>		
Married, Single or Widowed	Occupation <i>Saloon-keeper</i>					
Name of Wife or Husband						
Father's Name <i>John H. Mitchell</i>	56		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Alcoholism*

How long

Immediate

*Exhaustion*

How long

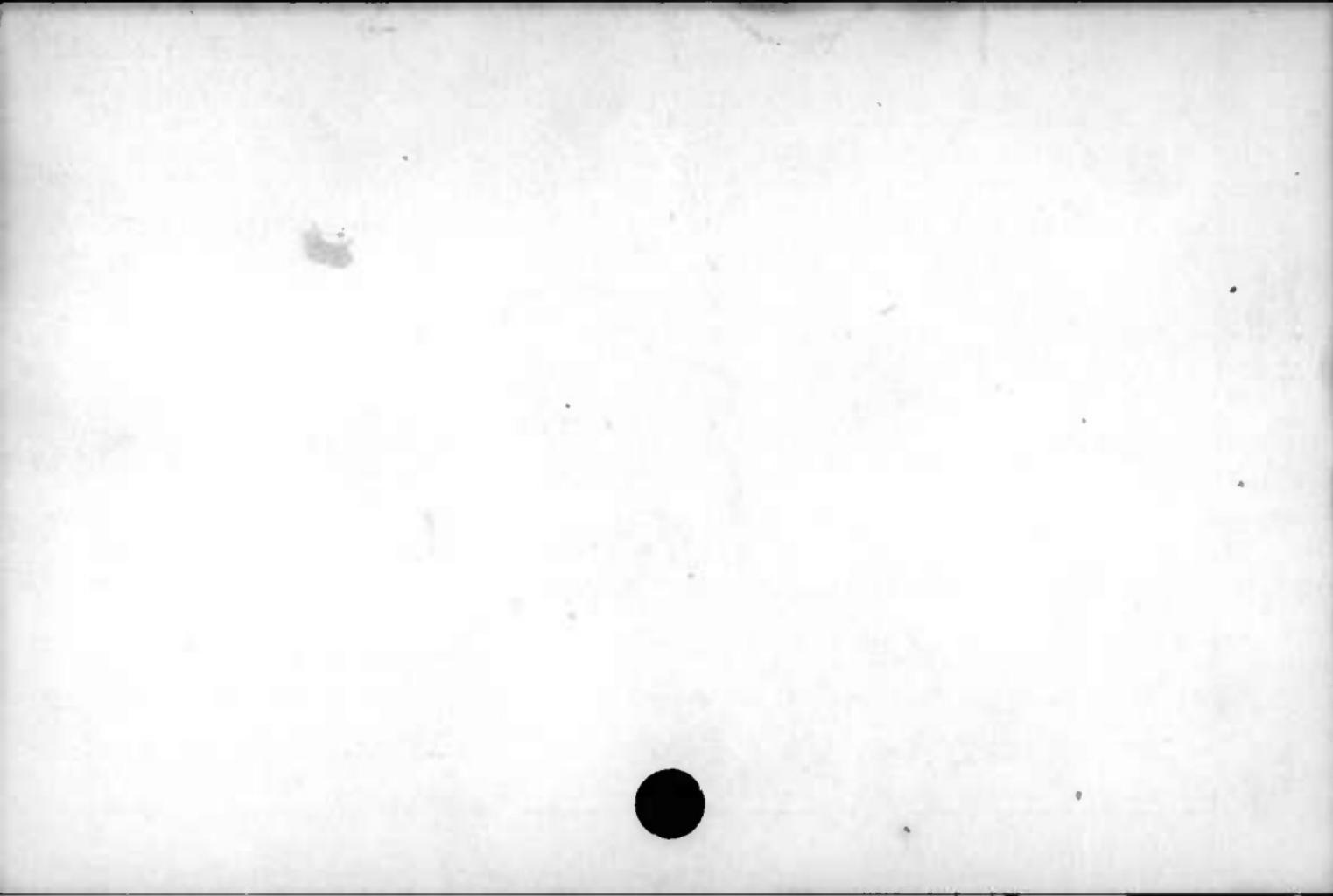
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*Wm. Brown  
1938 Linden Ave.*

Accident or Suicide?



Hattie M Murray

Town

Warren

County

Balto -

Died at

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

White

Age  
Married

23 9 18

Widow

Warren

Divorced

Number of children living

Male

Female

Colored

Single

Husband of

Wife

Father's Name

Henry W. Murray

Mother's

Maiden Name

Sophia M. Frederic

Cause of Death

Primary

Immediate

Pulmonary Tuberculosis

How long sick

7 months

Asthenia

Accident, Suicide, Homicide

Reported by

Wilmer C Eason M.D.

Address

Cockeysville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Julia Estella Naylor

Died at Glyndon County Baltimore MARYLAND

Died at	<u>Glyndon</u>	Month	<u>May</u>	Day	<u>10</u>	Y.	<u>2</u>	M.	<u>6</u>	D.	<u>2nd</u>	Native of	<u>Baltimore</u>	Occupation
Date of death	1897	Age												
Male	White	Married										Widow	Divorced	
Female	Colored	Single										Widower	Number of children living	

Husband of

Wife

Father's Name

Orrick Naylor

Mother's Name

Dora A. Allman

Cause of death

Primary

Leprosy & spinal meningitis

How long sick

Two months

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

James Goy M.D.

Address

Pemberton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received from Orrick Taylor  
of Glyndon

Name  
in  
Full

Neiter, Conrad M.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 28	Age 32	Months	Days
Sex Male	Color or Race White	Birth-place Maryland			
Married, Single or Widowed Single	Occupation Blacksmith				
Name of Wife or Husband					
Father's Name	X Father's Birthplace X				
Mother's Maiden Name	X Mother's Birthplace X				
Name of person giving Information	X of How related to deceased X				

CAUSES OF DEATH

Primary	Leporeic Insanity		How long 9 years.
Immediate	Pulmonary Tuberculosis		How long 1 mo.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician J. Percy New.	Address 101 W. Main Street, Ellicott City, Md.
Accident or Suicide?	No.		

PHYSICIAN  
OR CORONER



Name  
in  
Full

John F Nelson

CERTIFICATE OF DEATH

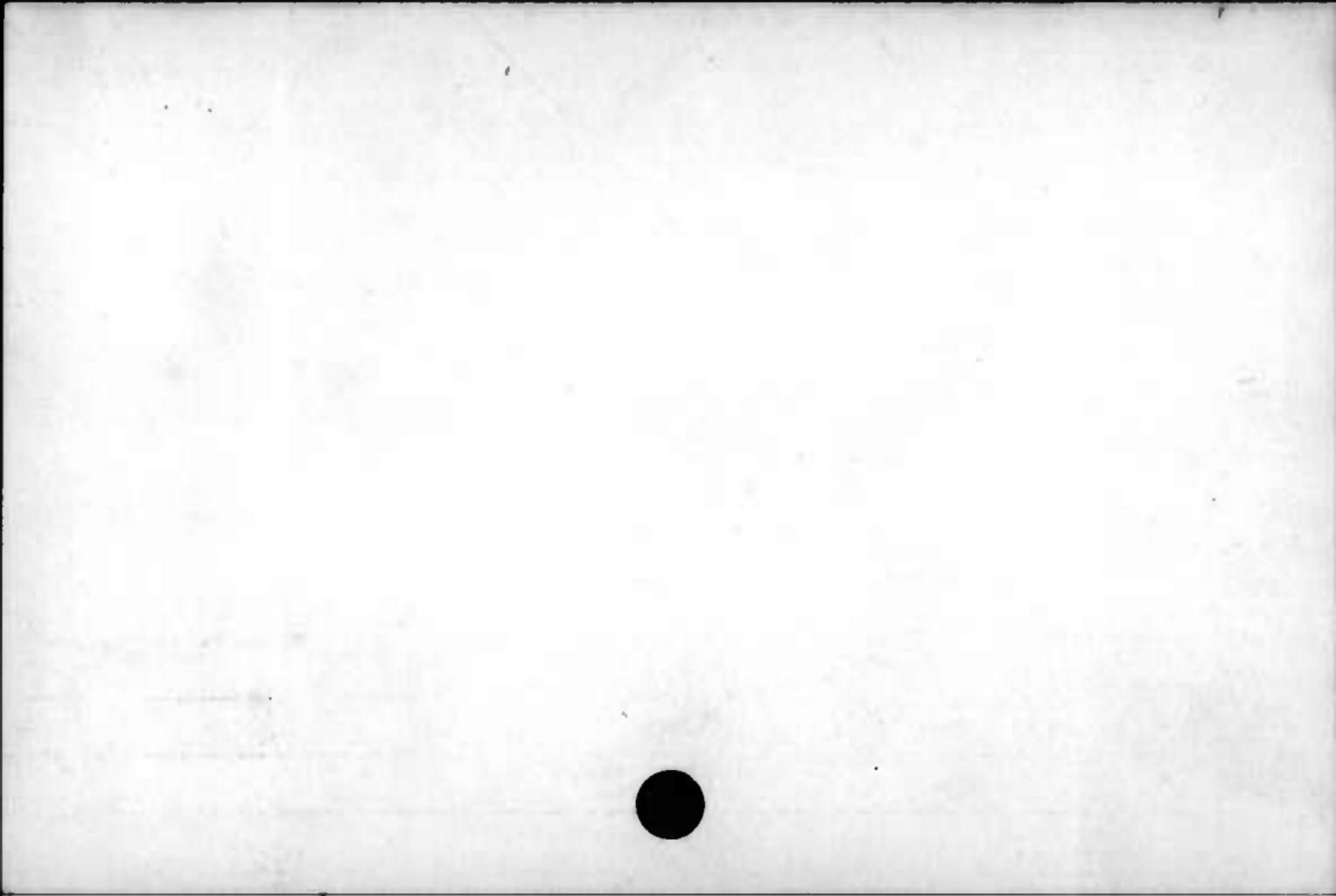
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month May	Day 22	Age 49	Months	Days
Sex male	Color or Race white	Birth-place Bullock Co. Md.			
Married, Single or Widowed married	Occupation Stone mason				
Name of Wife or Husband Margaret E. Nelson	Father's Birthplace				
Father's Name Thomas Nelson	Mother's Birthplace				
Mother's Maiden Name Rebecca Blizard	How related to deceased Niece				
Name of person giving information Annie O'Donnell					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Rheumatism	49	How long several years
Immediate Paroxysms of Heart	~	How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician WH Campbell	Address Owings Mills, Md
Accident or Suicide?		



Name  
in  
Full

Laura Nost.

CERTIFICATE OF DEATH

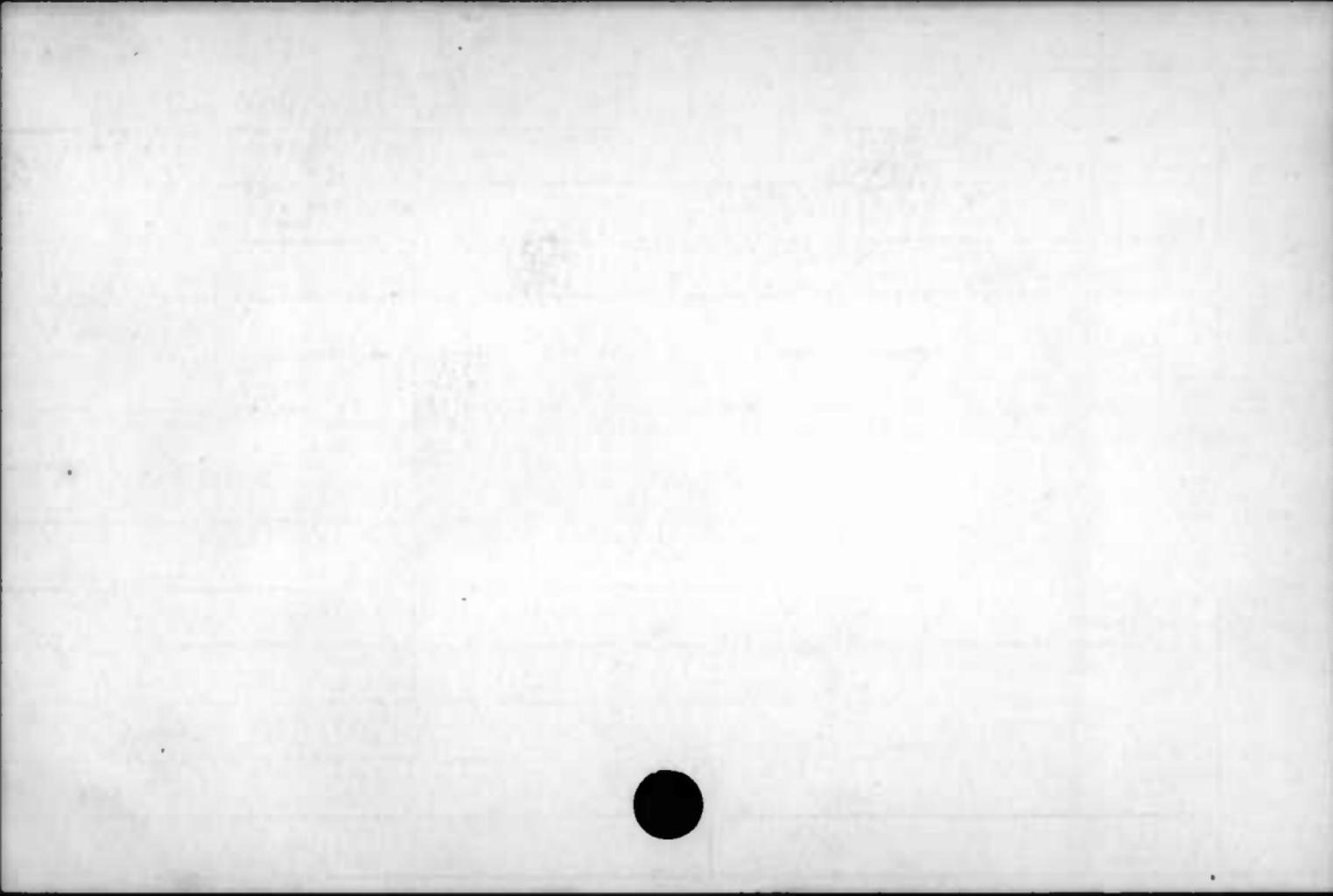
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town <u>Balto.</u>	County <u>Balto.</u>	MARYLAND		
Date of death 190	Month <u>3 May</u>	Day <u>5</u>	Years <u>37</u>	Months —	Days —
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Norway</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Axel Nost.</u>					
Father's Name <u>Hanniver</u>	Father's Birthplace <u>Norway</u>				
Mother's Maiden Name <u>Ramvig</u>	Mother's Birthplace "				
Name of person giving Information <u>A Nost</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary	<u>Typhoid fever</u>	How long <u>28 days</u>
Immediate	<u>Heart Failure</u>	How long —
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>C. P. Ahron</u>
		Address <u>829 N Eutaw St</u>
Accident or Suicide?		



Name in Full

Certificate of Death

Walter Edgar Parks

Died at Cockeysville County Baltimore MARYLAND

Date 1903	Month 5	Day 8	Age 19	M. 6	D. 7	Native of Md.	Occupation None
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of \_\_\_\_\_

Wife

Father's Name

Alfred L. Parks

Maiden Name

In. E. Robinson

29

Mother's

Cause of

Primary

Intestinal &amp; Pulmonary Tuberculosis

How long sick

6 months-

Death

Immediate

Asthenia.

27

Accident, Suicide, Homicide

Reported by

Wilmer C. Ensor M.D.

Address

Cockeysville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jessop Cemetery

Name  
in  
Full

Dr. S. B Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Mt. Hope Retriever			County	Baltimore Co	
Died at	Date of death 1903	Month 5	Day 23	Years 28 yrs -	Months	Days
Sex	Male	Color or Race	White	Birth place	North Carolina	
Married, Single or Widowed	Single		Occupation	Drulish -		
Name of Wife or Husband						
Father's Name				Father's Birthplace		
Mother's Maiden Name	SS			Mother's Birthplace		
Name of person giving information	Records Mt. Hope -			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Albuminuria Chronic -		How long
Immediate	Exhaustion -		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J Flannery
Yes.		Address	Mt. Hope Retriever
Accident or Suicide?			

Place of burial

Henderson N. C.

Stewart & Morris.

Charles Pitt

Died at Chase Town Baltimore County MARYLAND

Date 1903	Month May	Day 20	Age 28-	Y M. D.	Native of Md	Occupation Laborer
Male	White		Married	Widow	Divorced	
Female	Colored		Single	Widower	Number of children living	

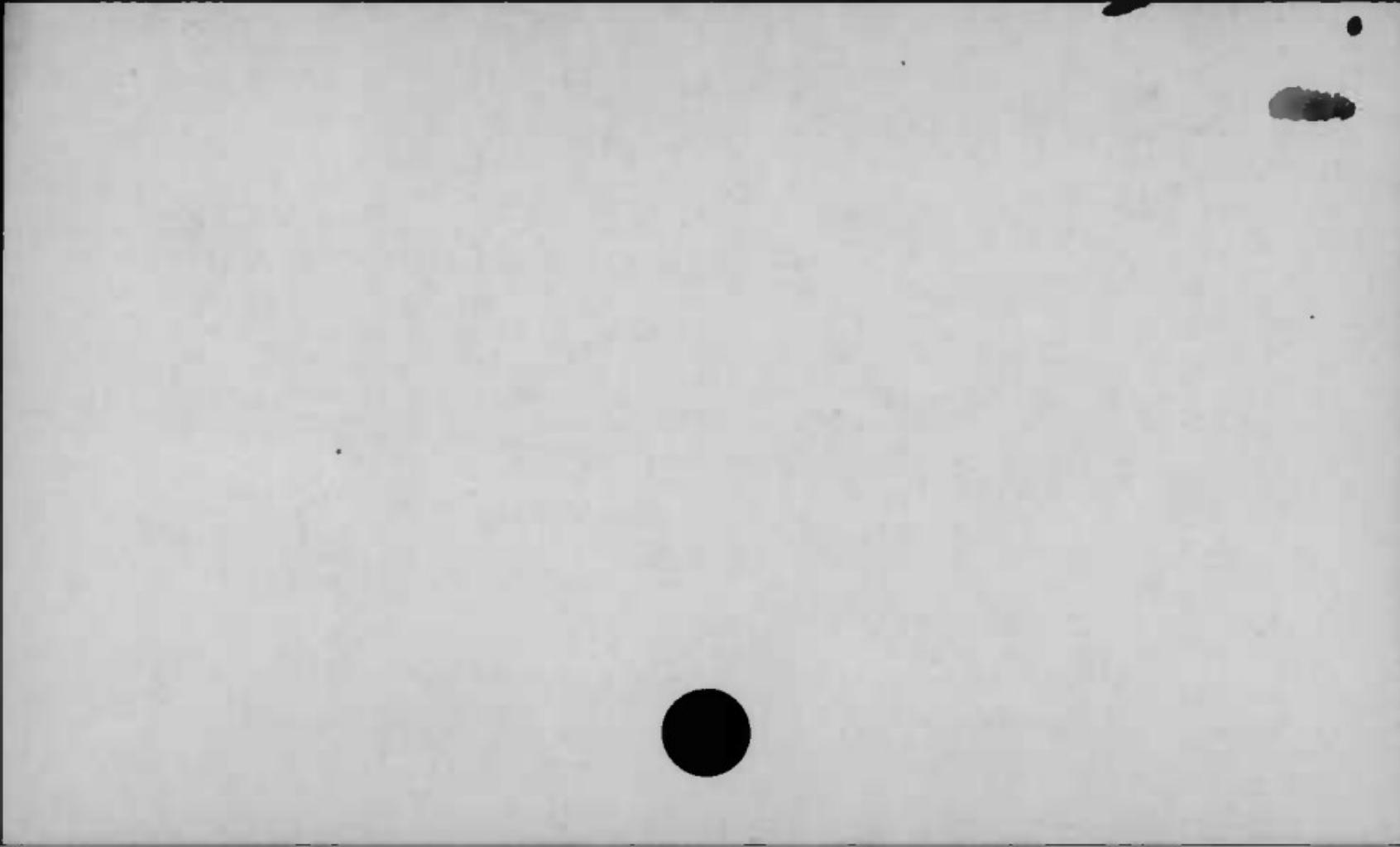
Husband of Carrie Pitts

Father's Name George Pitts Mother's Maiden Name 79

Cause of Death	Primary	How long sick	<u>A faint Heart disease</u>	<u>3 months</u>
	Immediate			Accident, Suicide, Homicide

Reported by CoverageAddress Rossoire  area

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Alanya Perkins Pittman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Pikesville	Baltimore		
Date of death 1903	Month 5	Day 16	Years 59
Age	Months	Days	-
Sex Male	Color or Race White	Birth- place Md.	
Married, Single or Widowed —	Occupation Old Soldier		
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name	27	Mother's Birthplace	
Name of person giving Information	W.M. Mathews	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Quinnian Ophthisis

How long

don't know

Immediate

"

"

How long

Are the name, age, sex, color, date  
and place correctly given above?

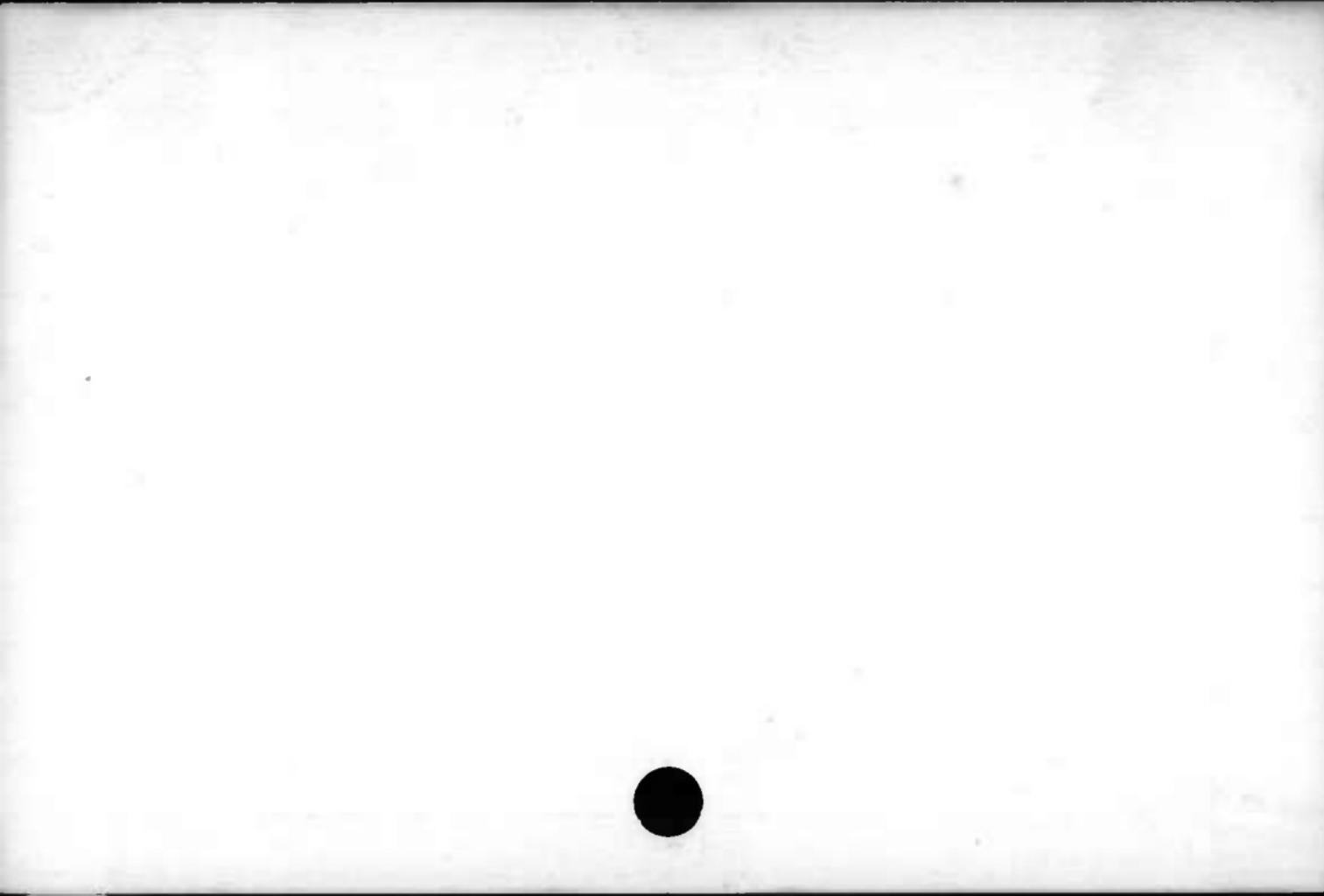
Signature of  
Physician

Address

W.C. Myers  
Pikesville Md

yes

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

James Presbury Col  
Patapsco Neck

CERTIFICATE OF DEATH

MARYLAND

Town Died at	County				
Date of death 1903	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	45	—
Married, Single or Widowed	Occupation			Birth- place	—
Name of Wife or Husband	Wachomer			Father's Name	—
Father's Name				Father's Birthplace	—
Mother's Maiden Name				Mother's Name	—
Name of person giving Information	179			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Natural Causes	How long
Immediate	—	How long

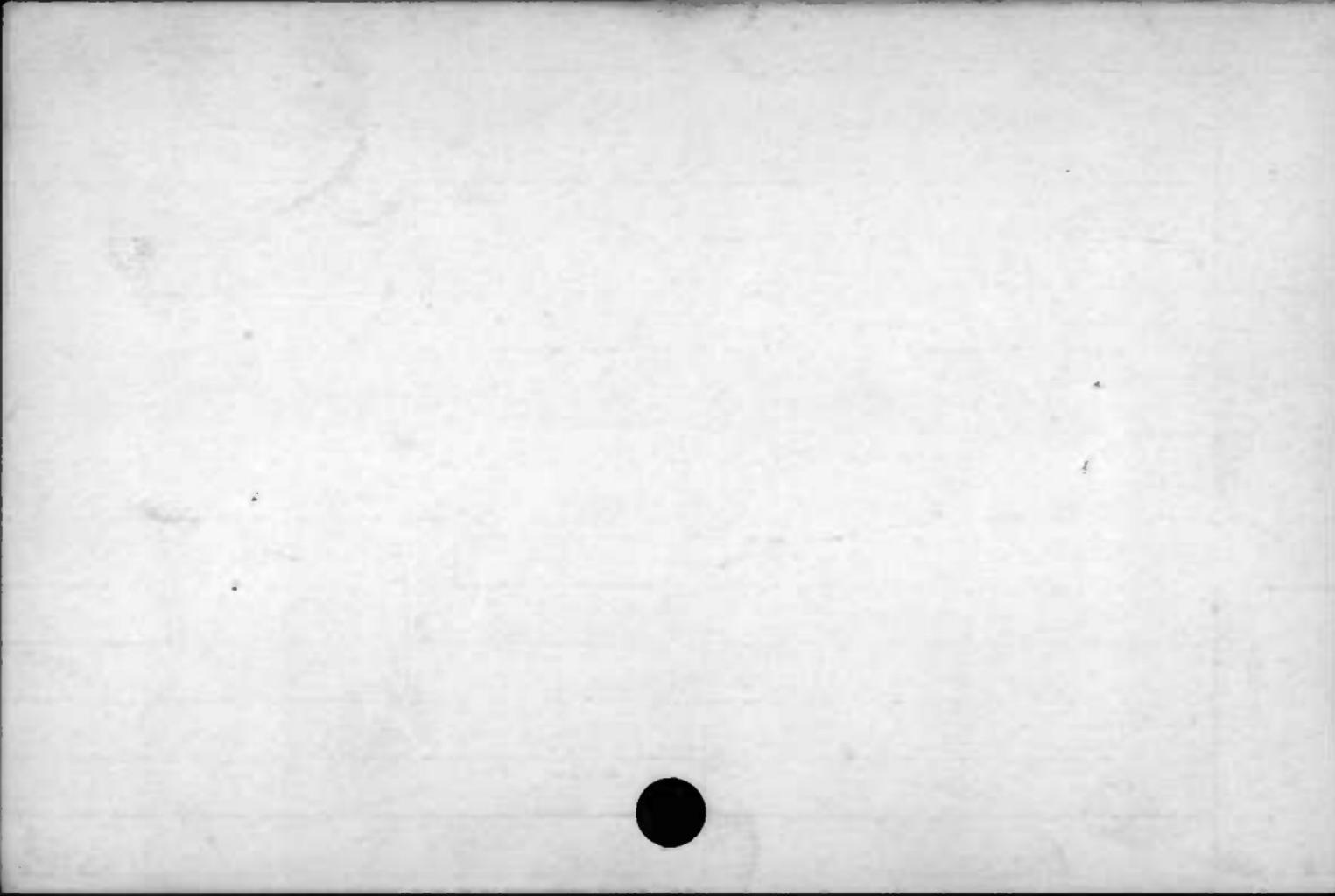
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John G Mulley Coroner  
216 O'Donnell St

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Scott Price

CERTIFICATE OF DEATH

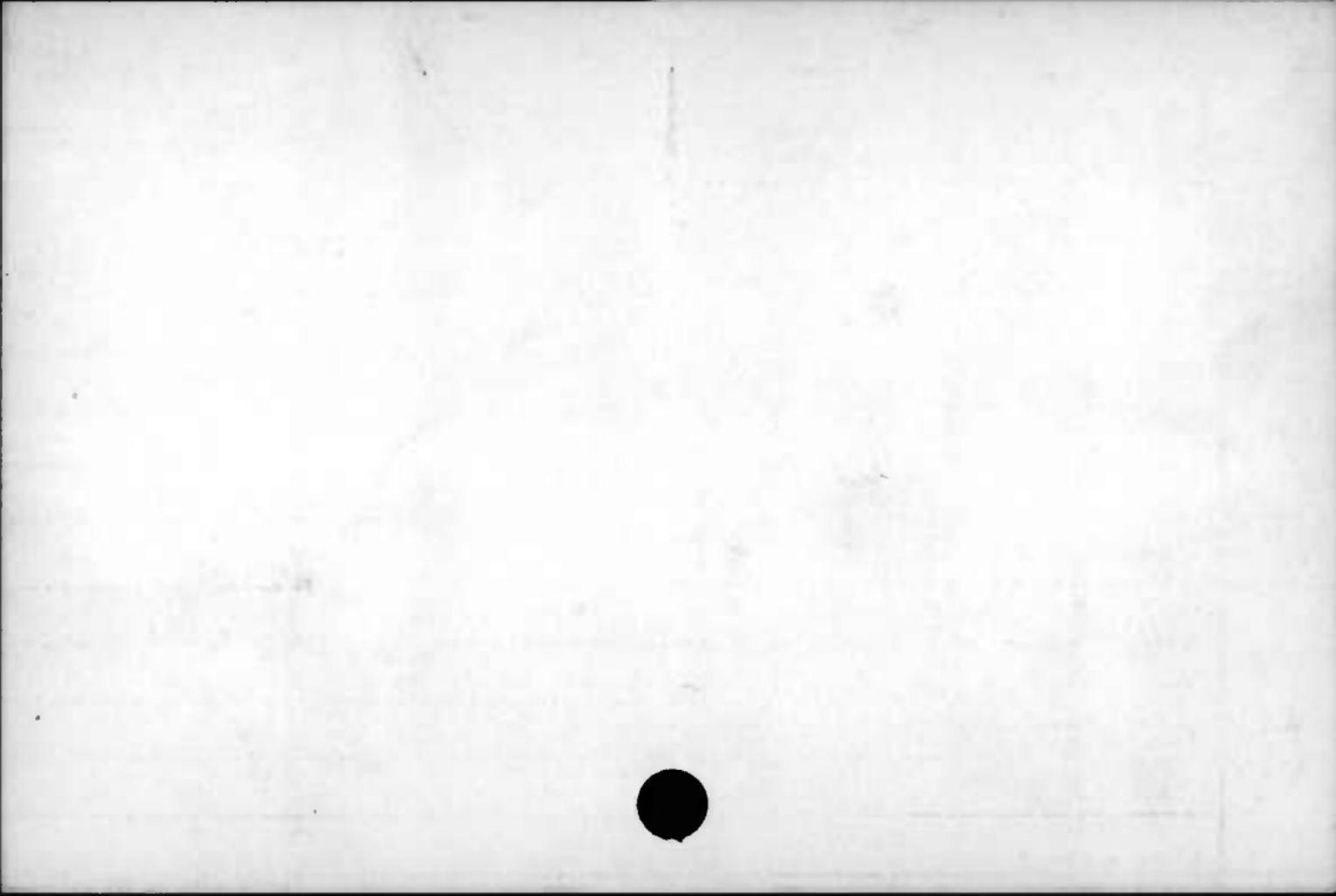
Died at	Town	County	MARYLAND
Died at	Parkton	Balto.	
Date of death	Month	Day	Years Months Days
1903	May	7	60 1 26
Sex	male	Color or Race	white
Married, <input checked="" type="checkbox"/> Widowed	Occupation Hotel Dealer		
Name of Wife <input checked="" type="checkbox"/> Husband	R. Annie Price		
Father's Name	John M Price	Father's Birthplace	Balto 10
Mother's Maiden Name	Mary A. Turner	Mother's Birthplace	Balto 11
Name of person giving Information	Sister Mrs Tucker	How related to deceased	Sister

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	3 yrs
Immediate	Cardiac Asthma	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. Gross Payne M.D.

Accident or Suicide?



Name  
in  
Full

Mordecai B. Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>forest</i>	County <i>Baltimore</i>	MARYLAND		
Date of death	Month 1903	Day 5	Age 70	Years	Months —
Sex	male	Color or Race	White	Birth- place	Days 10
Married, Single or Widowed	Occupation <i>farmer</i>				
Name of Wife or Husband	<i>Rachel</i>				
Father's Name	<i>John L. Price</i>				
Mother's Maiden Name	<i>Rachel Benson</i>				
Name of person giving Information	<i>Rachel Price</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cardiac Drapsey</i>		How long <i>2 years</i>
Immediate	<i>collapse</i>		How long <i>few hours.</i>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician <i>A.R. Mitchell,</i> Address <i>Nerfond, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Lawrence Royston Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Gulaneys valley	Baltimore	Months	Days
Date of death 1903	Month May	Day 10	Years	
Age			Months	Eight
Sex Male	Color or Race Black	Birth-place Gulaneys valley		
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	Daniel J. Proctor	Father's Birthplace	Maryland	
Mother's Maiden Name	Laura V. Burk	Mother's Birthplace	"	
Name of person giving Information	Daniel J. Proctor	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

La grippe

How long

2 weeks

Immediate

10

How long

Are the name, age, sex, color, date and place correctly given above?

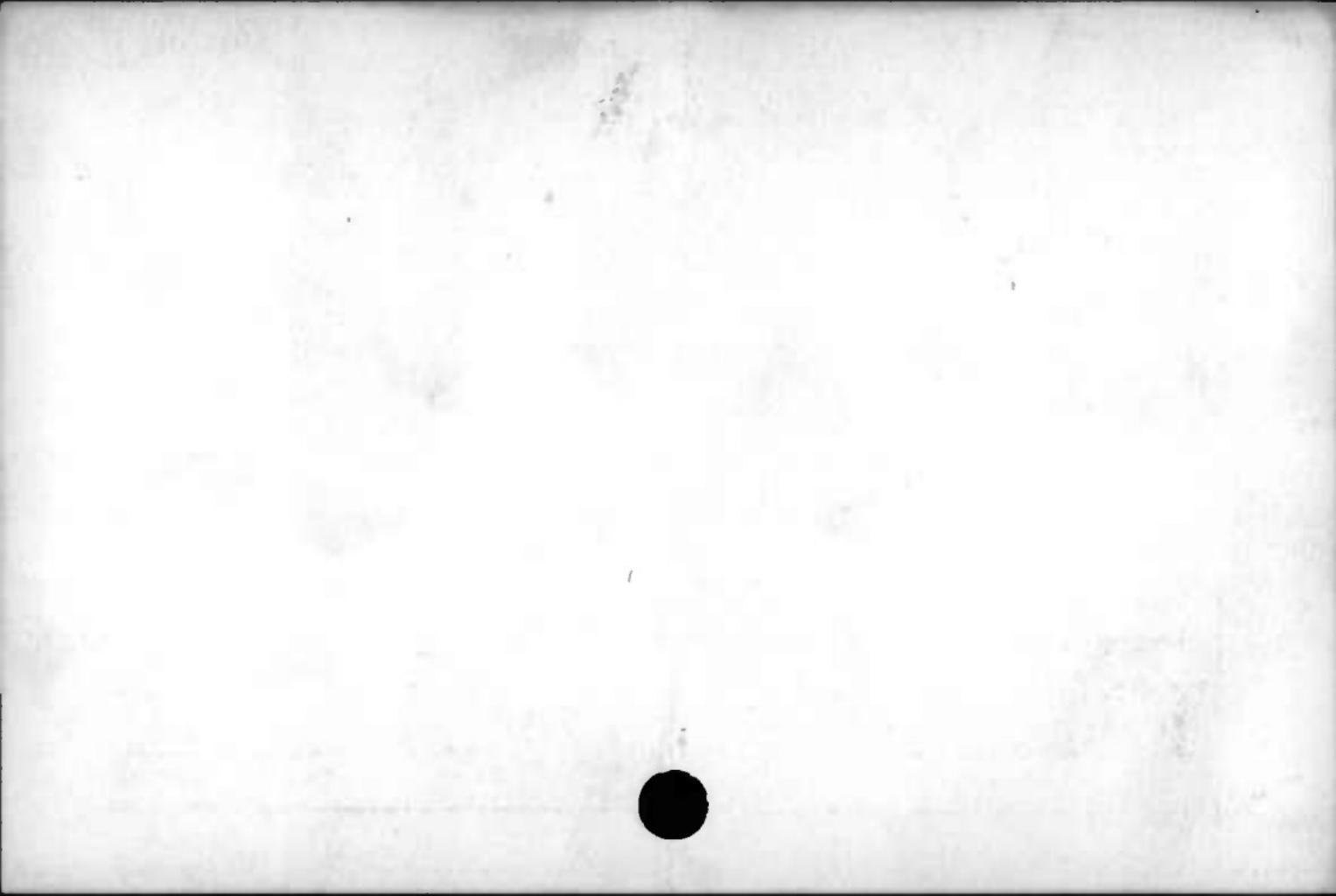
Signature of Physician

J.W. S. Green M.D.

Address

Gittings

Accident  Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Wm Thomas Rondoll <sup>Ranall</sup>

CERTIFICATE OF DEATH

Died at Relay

Town

County

MARYLAND

Date

of death 190

3

Month

May

Day

13

Years

72

Months

—

Days

—

Sex

Mole

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Married

Occupation

Farmer

Name of Wife or  
Husband

Mary <sup>2</sup> Rondall

Father's  
Name

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mother's  
Birthplace

Maryland

Name of person giving  
Information

How related  
to deceased

Son

George Rondall

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

6 months

Immediate

Tuberculosis

How long

6 "

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Arthur Williams

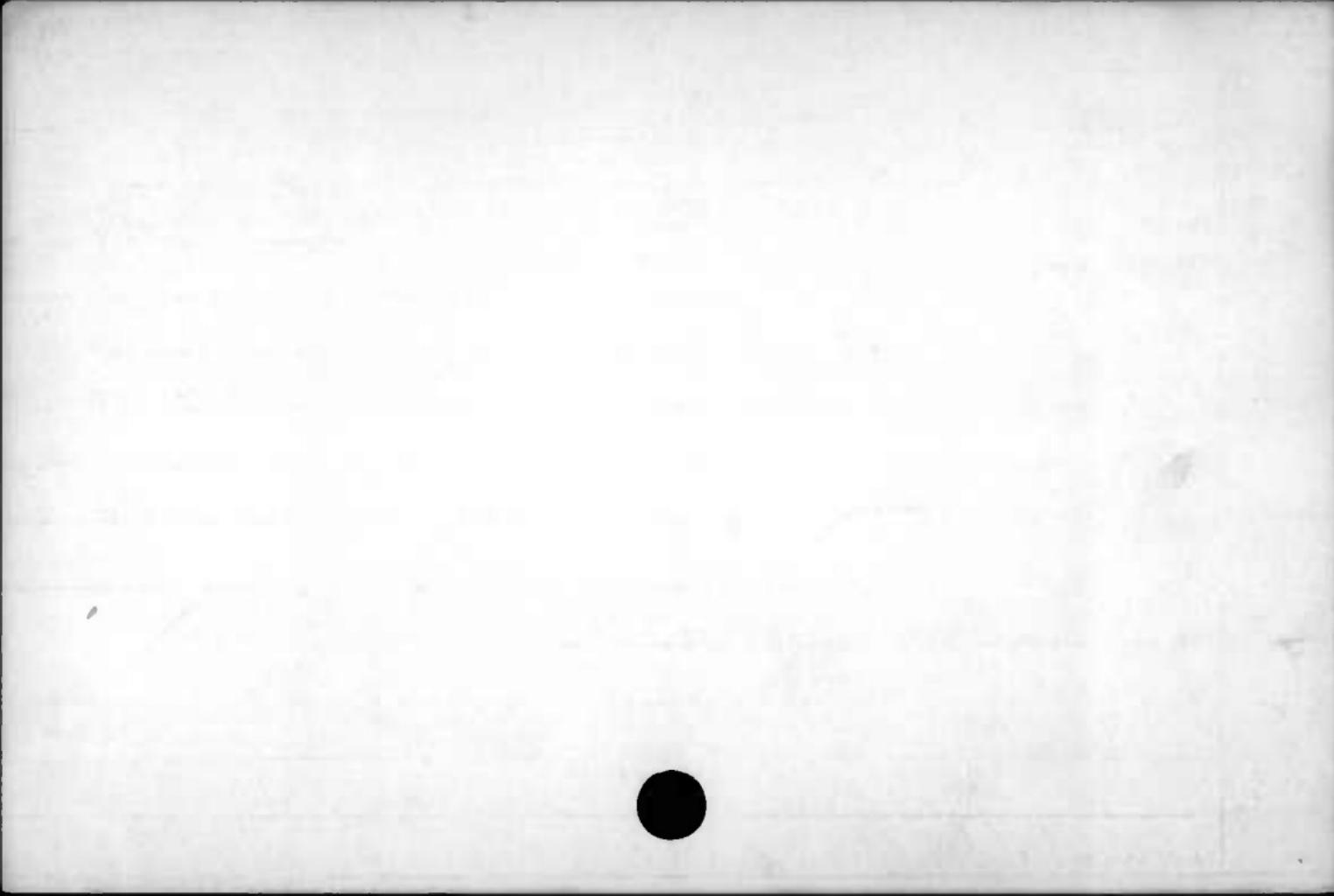
Eckridge

Address

Howard Co Md

Accident or Suicide?

no



Edward Rue  
Town County

MARYLAND

Died at avalon Balt Co Date 1891 Month May Day 1903 Age 65 Native of Ireland Occupation Laborer

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living 5

Husband of Anna Fish Baugh ) 40  
Wife ✓  
Father's Name  
Mother's Name

Cause of Death Primary Cancer of Liver & Stomach How long sick 6 month  
Immediate Sudden Accident, Suicide, Homicide

Reported by Cowan & Gill Undertach  
Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Williams  
of Elk Ridge Md

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate received  
from Dr S Family  
of \_\_\_\_\_

Edward

Town

Avalon

Ray

County

Baltimore

MARYLAND

Died at

1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 7<sup>th</sup>

65-

Edmond

labourer

Date

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5-

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Cancer Liver &amp; Stomach

How long sick

six months

Death

Immediate

some

Accident, Suicide, Homicide

Reported by

Arthur Williams M.D.

Address

Elk Ridge House, County Line

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

**Attended by Dr.** .....

of .....

**Seen by Coroner** .....

of .....

**Information contained in this certificate received**

**from** .....

of .....



Name  
in  
Full

Barbara Bridal

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at Rosedale	County Baer	MARYLAND	
Date of death 120 3	Month May	Day 15	Years Age 72
Sex female	Color or Race white	Birth- place Germany	Months Days
Married, Single or Widowed married	Occupation Housework		
Name of Wife or Husband Geo. Bridal			
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information Geo Bridal	How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Bronchitis	How long 2 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Dr D Cire
	Address Gardnerille
Accident or Suicide?	nd



Name  
in  
Full

Ida J. Ritter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of death 1903	May	7	Age 40	3	-
Sex	Female	Color or Race	White	Birth-place	Baltimore
Married, Single or Widowed	Married		Occupation	House Keeper	
Name of Wife or Husband	Jacob Ritter				
Father's Name	Jas C Franklin		36	Father's Birthplace	Va
Mother's Maiden Name	Eliz. Denison			Mother's Birthplace	Dorlton
Name of person giving information	Jacob Ritter			How related to deceased	Husband
CAUSES OF DEATH					

PHYSICIAN  
OR CORONER

Primary	Confinement	How long	12 hours
Immediate	Heart Failure	How long	Instantly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Rutherford
		Address	Glyndon
Accident or Suicide?			

Accident or Suicide?



Mary A Ross

Died at Corbett

Town County Bullitt

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 19	03	May	7	Age	43		Ind.	Omenewji
	Male	White		Married		Widow	Divorced	
	Female	Colored		Single		Widower	Number of children living	2

Husband of

Wife

Mrs. Ross

Father's Name

Amenie Malone

Mother's

Maiden Name

Mary Alice Jones

Cause of Death

Primary

Stung by R.R!

How long sick

Death

Immediate

Transit

Accident, Suicide, Homicide

Reported by

T. Ross Payne

166

Address

Corbett

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

J Louis Ruckert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	62	3	-	
Married, Single or Widowed	Married	Occupation	Baltimore				
Name of Wife or Husband	Lucinda Ruckert				Father's Birthplace		
Father's Name	Louis Ruckert				Mother's Birthplace		
Mother's Maiden Name					How related to deceased	Wife	
Name of person giving information	Lucinda Ruckert						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Oppohelixy

How long

Immediate

Cardiac Paralysis

but

How long

Are the name, age, sex, color, date and place correctly given above?

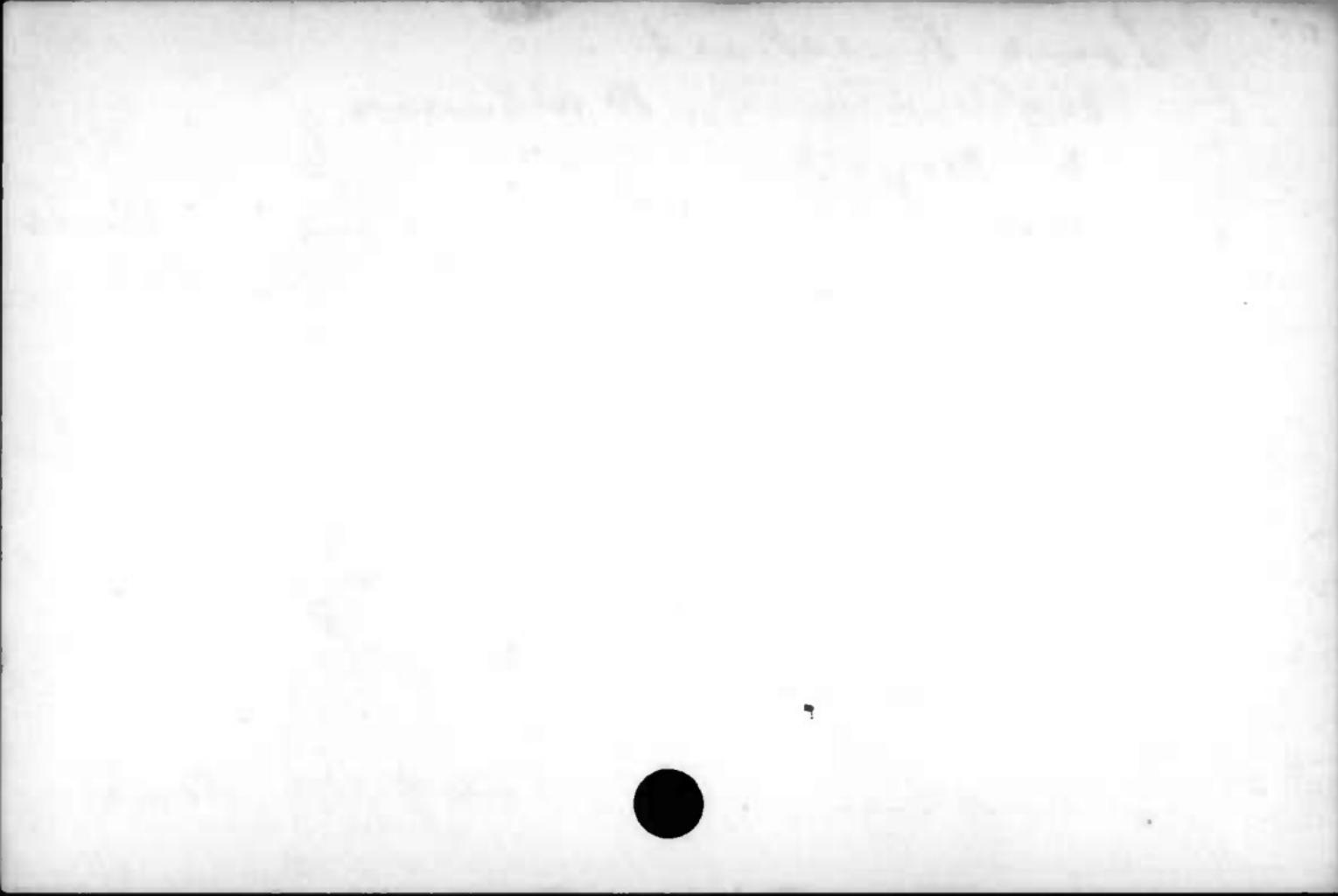
yes

Signature of Physician

Address

J. C. Lehrfield  
1400 1st Street Highlandtown

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

James A. Russell					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death 1903	Month May	Day 1	Years 42	Age	Months	Days	
Sex Male	Color or Race White	State		Birth-place	Festland		
Married, Single or Widowed			Occupation Watch Maker				
Name of Wife or Husband							
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving Information			How related to deceased				

27  
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

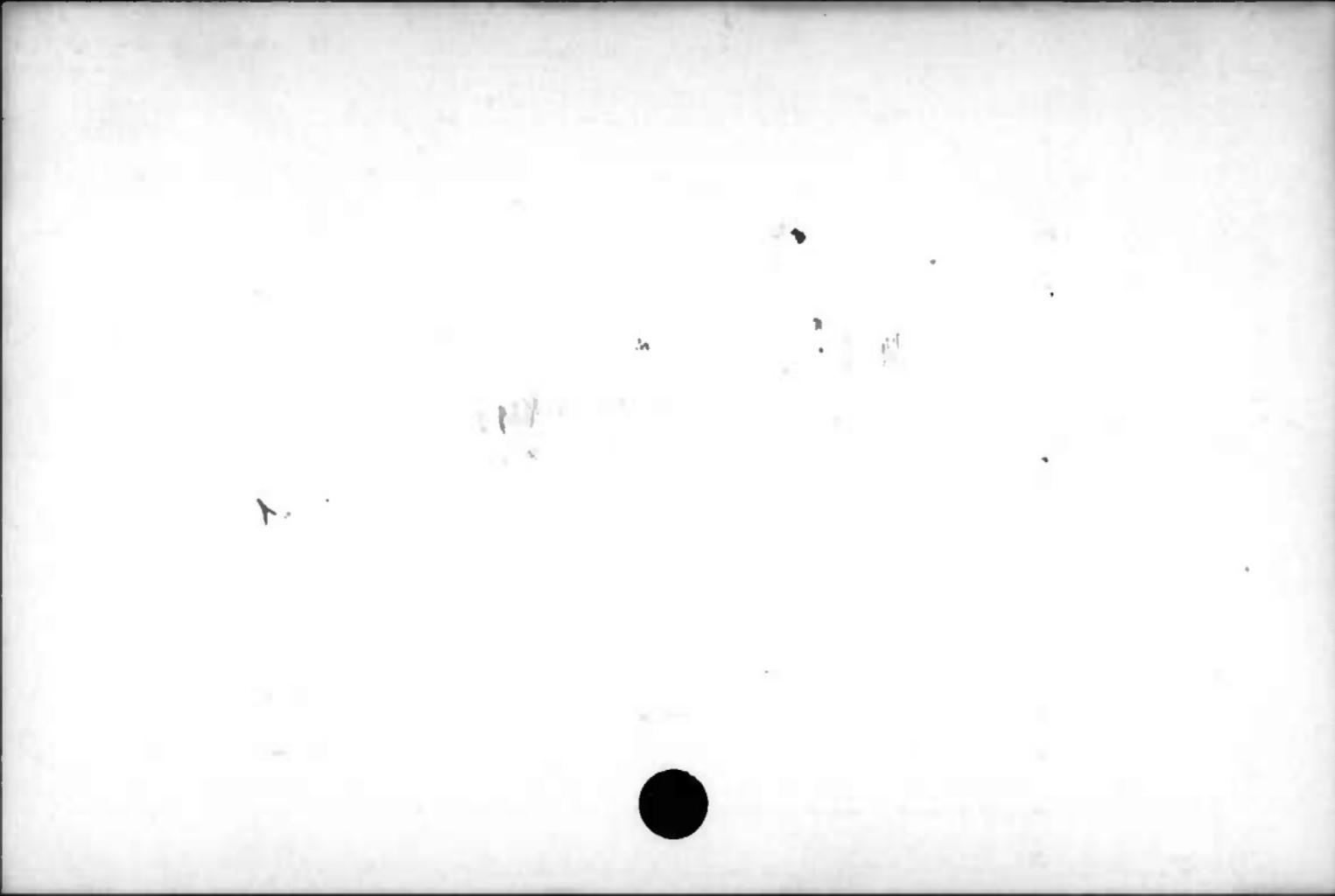
Accident or Suicide?

Signature of Physician

Address

How long

How long



# Henry Schwaat

Died at	Town Texas	County Baltimore	MARYLAND
Date 19	Month May	Day 7	
Male	Age 42	Native of Md	Occupation Laborer
Female	White Colored	Widow Widower	Divorced Number of children living

Husband of —

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

Heart Disease

79

How long sick  
Sudden

Accident, Suicide, Homicide

Reported by

D. F. Bucy M.D.

Address

Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Leart Schweiger

CERTIFICATE OF DEATH

Died at	Town	Baltimore County			MARYLAND
Date of death 1903	Month May	Day 26	Years 49	Months —	Days —
Sex Male	Color or Race white	Birth-place Germany			
Married, Single or Widowed Married	Occupation Saloon Keeper				
Name of Wife or Husband Minnie Schweiger					
Father's Name Fred Schweiger	Father's Birthplace Germany				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information Albert Schweiger	How related to deceased Son				

CAUSES OF DEATH

Primary	Dropsy		How long	6 months
Immediate	Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J.C. Schofield M.D.
			Address	Highlandtown
Accident or Suicide?				

H Sander & Sons  
Family Ch

Name  
in  
Full

Augustus Wm Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Walters		County	Baltimore		
Date of death 1903	Month May	Day 10	Age —	Years —	Months —	Days 7
Sex Male	Color or Race	Colored		Birth-place	Md.	
Married, Single or Widowed	—	Occupation		—	—	
Name of Wife or Husband						
Father's Name	Roh't E. Scott			Father's Birthplace	Md.	
Mother's Maiden Name	Malinda Price			Mother's Birthplace	Md.	
Name of person giving information	Roh't E. Scott.			How related to deceased	Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Infantile convulsions

How long

2 days.

Immediate

71

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs.

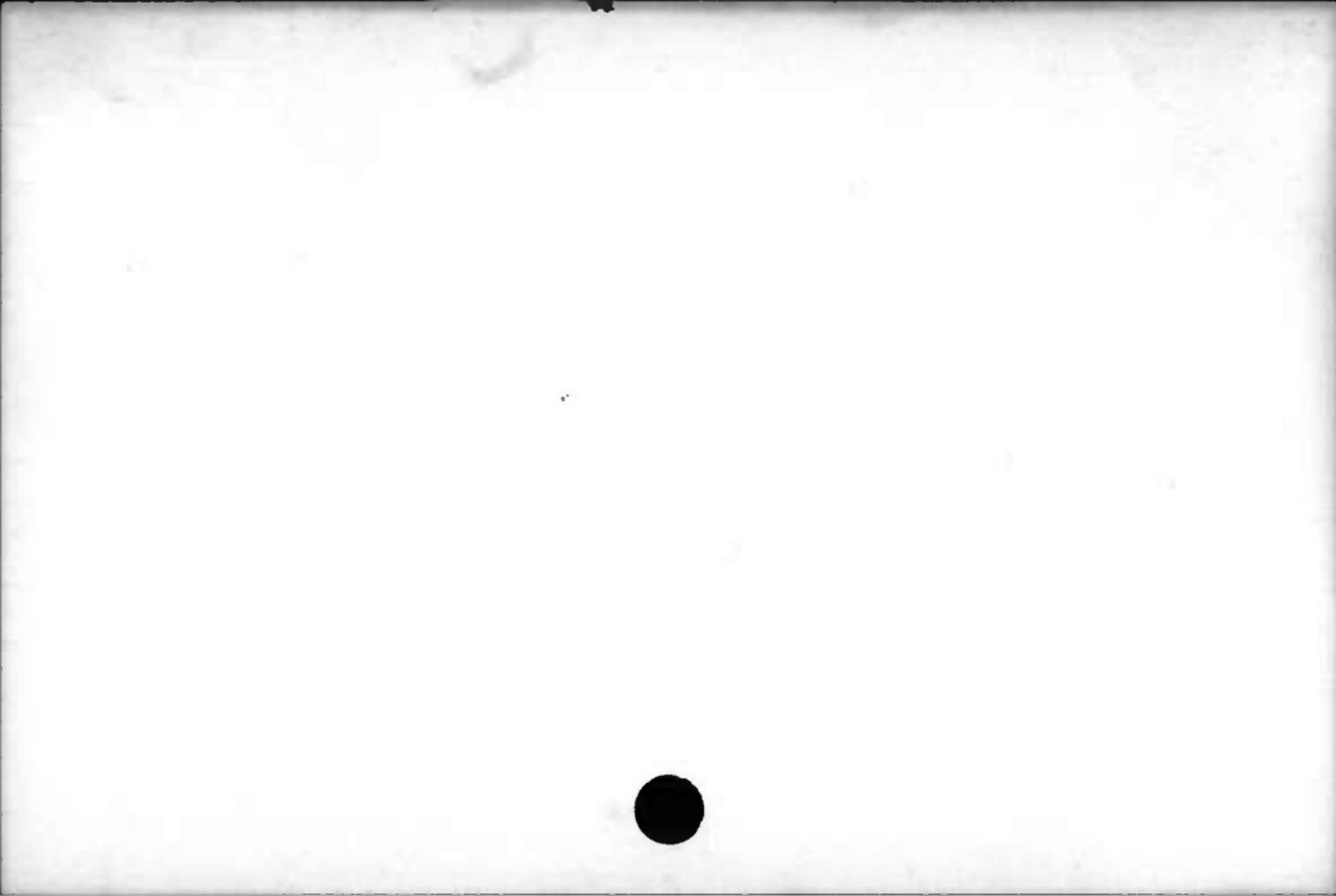
Signature of Physician

John W. Harrison

Address

San. off. 10 dress

Accident or Suicide?



Mary Elizabeth Scott

Died at Town Chestnut Ridge County Baltimore MARYLAND

Date 4/23	Month 8	Day 22	Y. 32	M.	D.	Native of MD	Occupation
Mater	White		Married	Widow		Divorced	
Female	Colored		Single	Widower		Number of children living	

Husband of \_\_\_\_\_ 26.

Wife \_\_\_\_\_ Father's Name George Scott Mother's Name Reheea Scott

Cause of Death Primary Tuberculosis of Thwah How long sick Six months

Immediate Asphyxia Accident, Suicide, Homicide

Reported by J. J. Burton Shonson husband

Address

[Redacted]  
Riden. husband

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Shakespeare.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation			
Married, Single or Widowed					
Name of Wife or Husband	Richard Shakespeare				
Father's Name	William Bailey				
Mother's Maiden Name					
Name of person giving Information	Richard Shakespeare				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Puerperal Fever	How long
Immediate	(3)	8 day
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?	John Barron MD Goreaustown Mich	

Mr Rich  
Sub Register

Name  
in  
Full

John R. Shannon

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 5	Day 23	Years 33	Months	Days
Sex Male	Color or Race	White	Birth- place	Baltimore	
Married, Single or Widowed	Occupation	Married Carpenter			
Name of Wife or Husband	Elizabeth Shannon				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Elizabeth Shannon			How related to deceased	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

27

Primary	Ptosis Pulmonary	How long	6 months
Immediate	Asthenia	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. S. Kirk
Yes.		Address	1610 E Baltimore St
Accident or Suicide?			

Dr. Kirtch  
Trinity Cemetery  
Bandon, Oregon

Name  
in  
Full

Mrs. Luerelia Simmons  
Stephens' Cauldron, Balf

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Date of death 1903	Month May	Day 3	Age 58	Years	Months
Sex Female	Color or Race	Occupation			Days
Married, Single or Widowed					Birth-place
Name of Wife or Husband					
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long

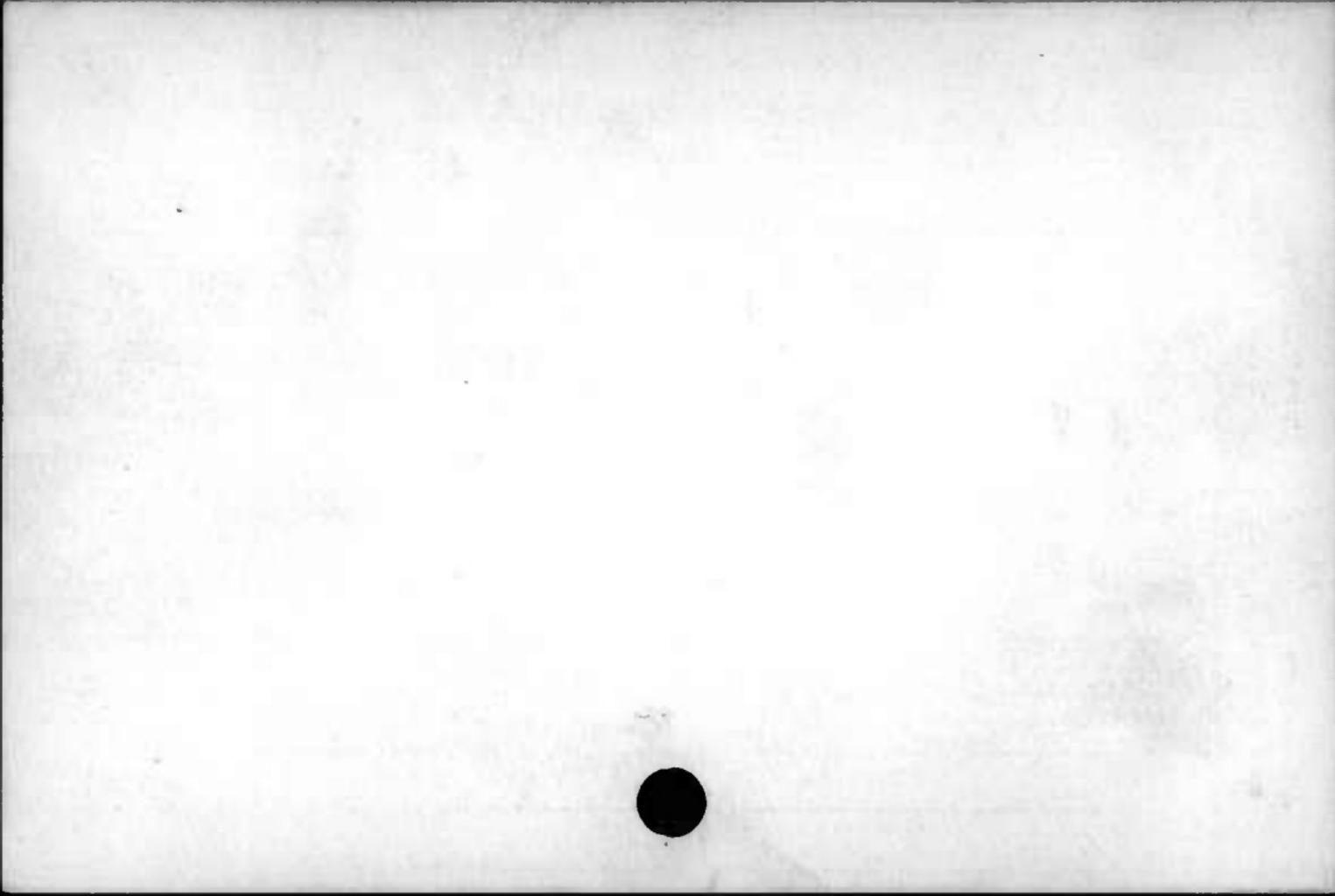
Immediate *Inflammation* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Mrs. Laura Simms.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND			
Died at	Bar Hill, in Mt Washington.	MD					
Date of death	1903	Month	May	Day	31	Years	41
Sex	Female	Color or Race	white	Occupation	Housewife		
Married, Single or Widowed	Married	Name of Wife or Husband	Charles L. Simms.	Birthplace	Whitmore St. Md		
Father's Name	Frederick Walter	Father's Birthplace	Germany				
Mother's Maiden Name	Mary Garick	Mother's Birthplace	Boward St. Md				
Name of person giving information	Mrs Mary J. Dorem.	How related to deceased	sister				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pregnancy (8mo) Organic heart disease	How long
Immediate	Heart failure	of suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		William J. Ford
		Address
Jas H. Beemer, J.P.		MT Washington
Coroner.		Md
Accident or Suicide?		

Loudon Park

June. 2 - 3

H. A. Marshall

3539 Falls Road

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

In favor of b. b. Sims

CERTIFICATE OF DEATH

MARYLAND

Died at	Town		County			
Died at	Baltimore		Baltimore			
Date of death 1903	Month 5	Day 6	Years	Age	Months	Days
Sex Female	Color or Race		Colored		Birth-place Baltimore Md.	
Married, Single or Widowed			Occupation		In favor	
Name of Wife or Husband						
Father's Name	b. b. Sims				Father's Birthplace Md	
Mother's Maiden Name	Josephine Smith				Mother's Birthplace Md	
Name of person giving Information	b. b. Sims				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate Still born How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

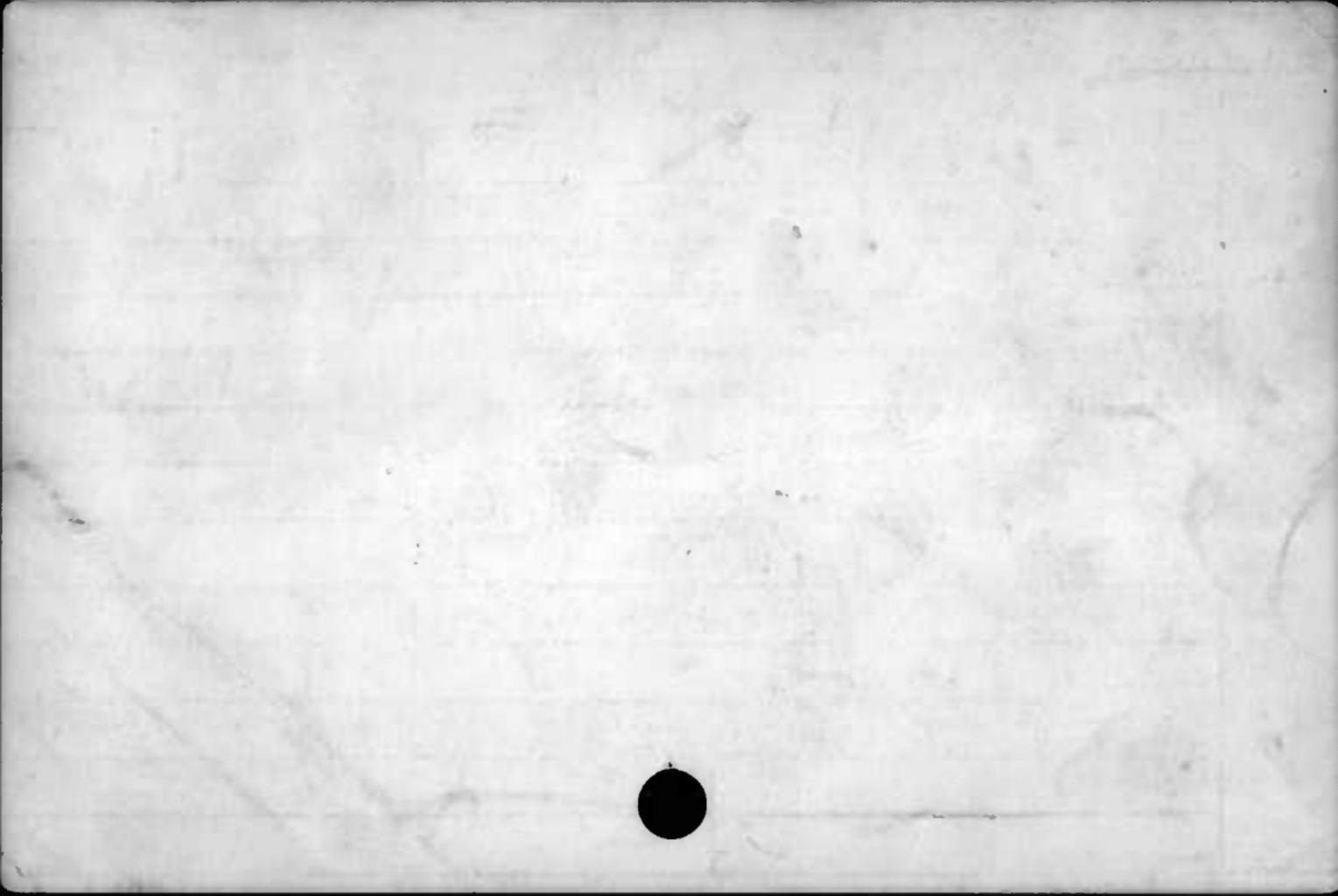
yes

Signature of Physician

Address

August W. Miller, Coroner  
Mr. Williams  
Baltimore Md.

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Mrs. Delilah Smalley

## CERTIFICATE OF DEATH

Died at

Town

Baltimore

County

MARYLAND

Date  
of death 190

Month

Day

Years

Days

3

May

7

71

—

Age

Sex

Color or  
Race

White

Birth-  
place

Md.

Married, Single  
or Widowed

widow

Occupation

H. W.

Name of Wife or  
HusbandFather's  
Name

Henry Barber

Father's  
Birthplace

Md.

Mother's  
Maiden NameName of person giving  
Information

Mrs. Walsh

Mother's  
Birthplace

—

How related  
to deceased

Daughter.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Athyia

How long

Immediate

Pulmonary Odema &amp; asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

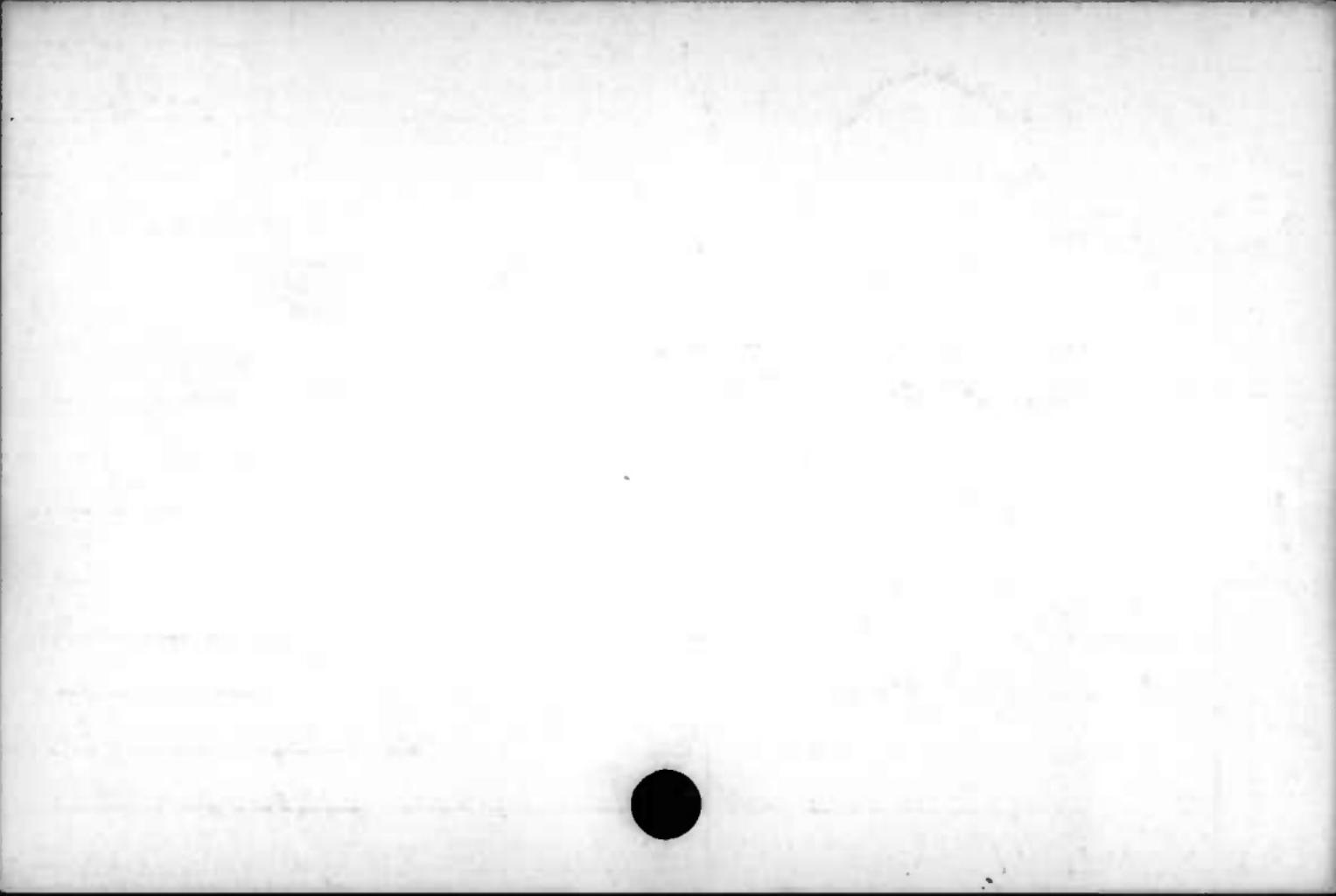
Casket Undertaker

Hagerstown

Md

Accident or Suicide?

no



Name  
in  
Full

Caroline Stahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Nightland Home</u> Town <u>Baltimore</u> County <u>MARYLAND</u>		
Date of death <u>1903</u>	Month <u>5</u>	Day <u>3</u>
Age <u>63</u>	Years	Months <u>✓</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>
Married, Single or Widowed	Occupation <u>Widow Sales Lady</u>	
Name of Wife or Husband	<u>John Stahl</u>	
Father's Name	<u>Unknown</u>	
Mother's Maiden Name	<u>do</u>	
Name of person giving Information	<u>Emma J. Harris</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Gastritis

104

How long

36 days

Immediate Gastritis

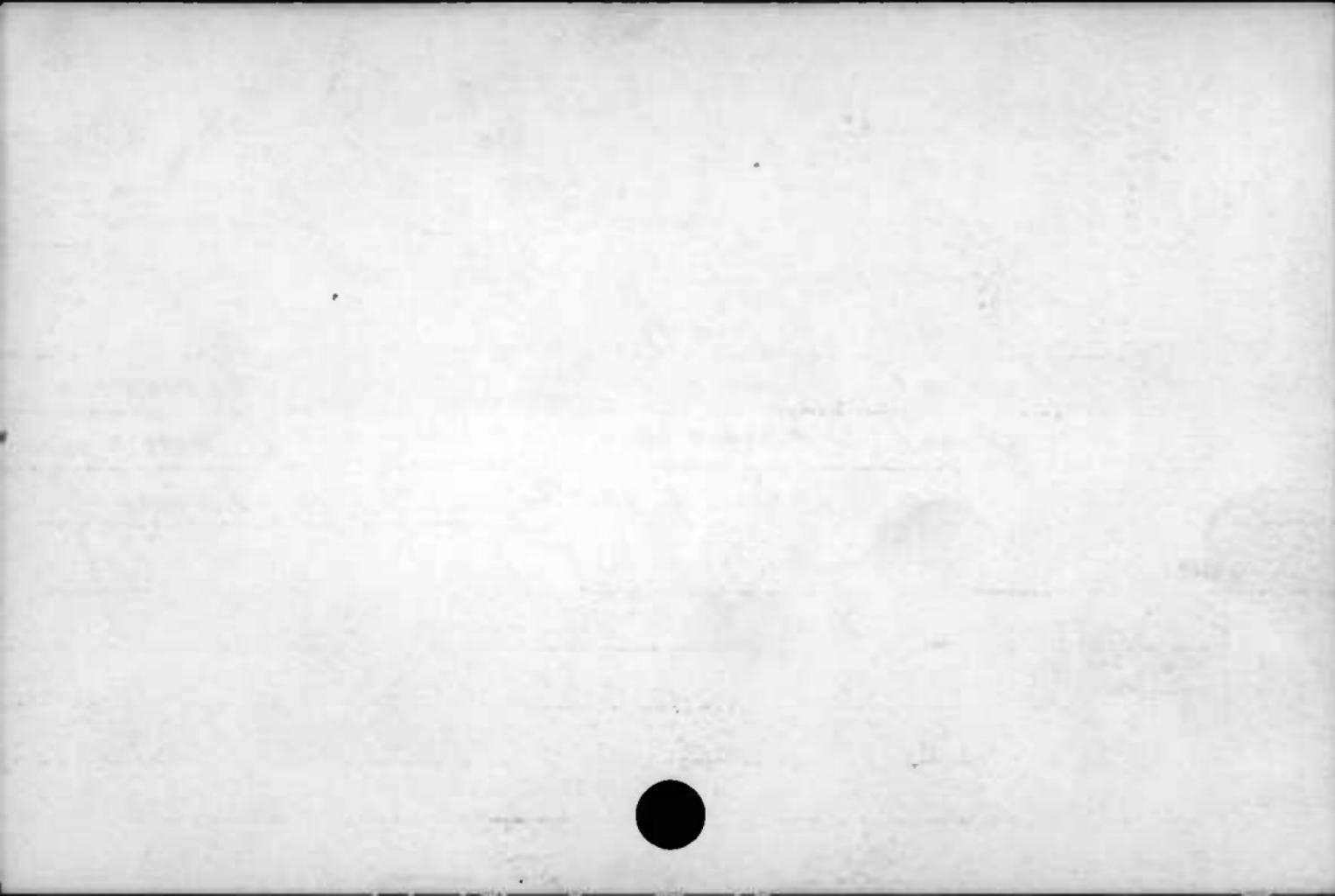
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

J. D. S.  
111 S. Broadway

Accident or Suicide?



Name  
in  
Full

George Staufenberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month May	Day 9 <sup>th</sup>	Years 99	Months	Days	
Sex Male	Color or Race White	Birth-place Germany				
Married, Single or Widowed Widower	Occupation Gardner					
Name of Wife or Husband Lena Linsky						
Father's Name don't know					Father's Birthplace	Germany
Mother's Maiden Name don't know	9				Mother's Birthplace	Germany
Name of person giving information Catharine Reuter					How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Valvular Disease Heart	How long	8 mos
	Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C.N. Atteey	
		Address	2 Harbor St.	
Accident or Suicide?				

Germanus Firance

May 10<sup>th</sup> 1903

Schwarz's Cemetery

Name  
in  
Full

Mary Elizabeth Stansbury

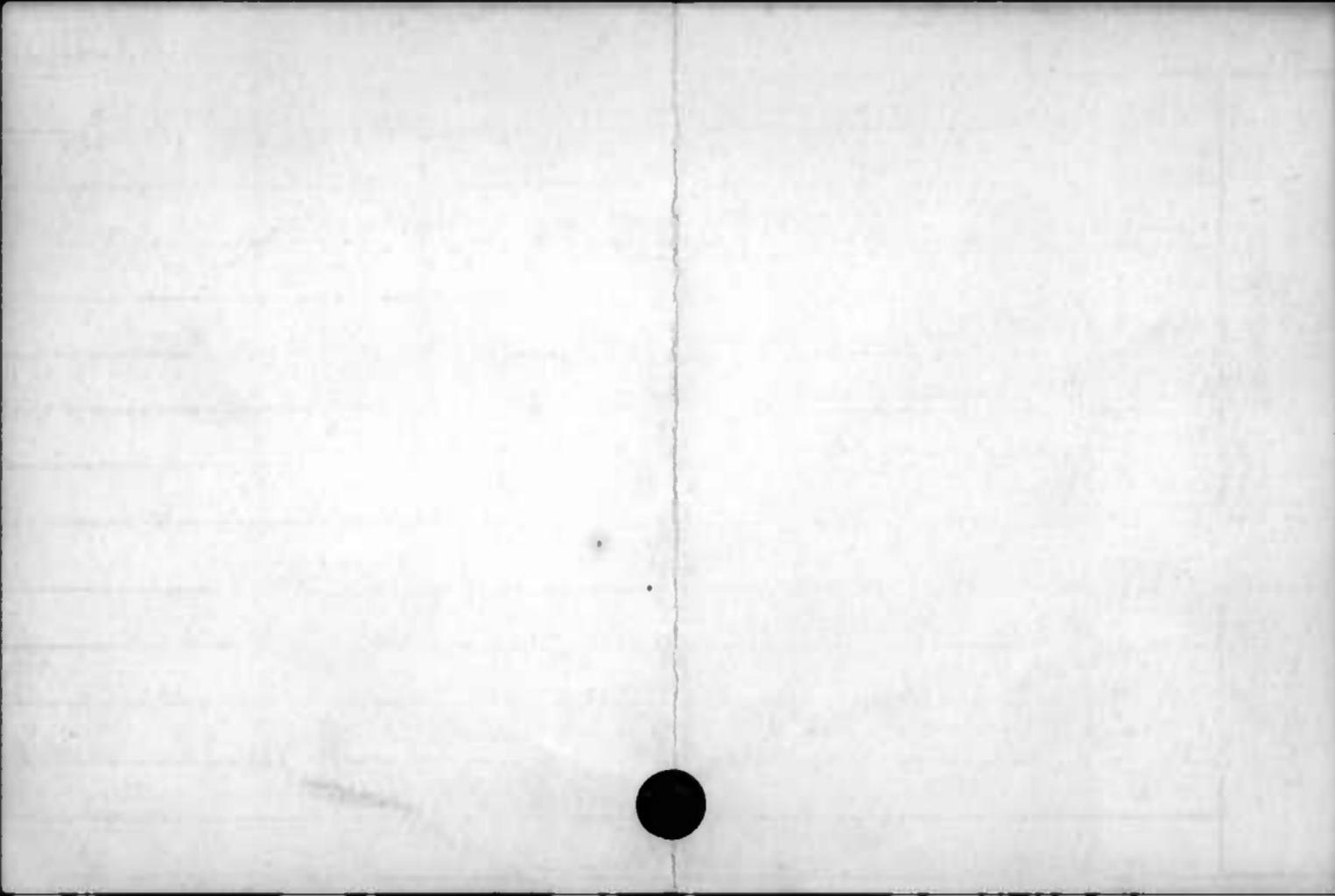
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Shawnee		Town Baltimore		County Maryland	
Date of death 1903	Month 5	Day 20	Age 45	Years 45	Months 3
Sex Female	Color or Race White	Occupation Housewife		Days 00	
Married, Single or Widowed					
Name of Husband	William Stansbury				
Father's Name	Wm E. Bull		Father's Birthplace Harford Co. Md.		
Mother's Maiden Name	Elizabeth <del>Brett</del> Amythorpe		Mother's Birthplace		" "
Name of person giving information	William Stansbury		How related to deceased Husband		

CAUSES OF DEATH

Primary	Heptatic Abscess	114	How long $4\frac{1}{2}$ mos
Immediate	General Exhaustion		How long 1 mo -
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. S. Drach M.D.
			Address Butler Md.
Accident or Suicide?			



Richard E. S. Stapleton

Town

County

Died at St Denis

Baltimore

MARYLAND

Date 1903	Month May	Day 30	Y. 50	M. 0	D. 27	Native of Maryland	Occupation R.R. Conductor
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			6

Husband  
of

Joelada Stapleton

50

Father's  
Name

Laertes Stapleton

Mother's  
Maiden Name

Mary C. Baldwin

Cause of

Primary Diabetes Mellitus

How long sick

Indefinite

Death

Immediate Convalescent

Accident, Suicide, Homicide

Reported by

W.R. Eareckson

Address

Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

RECEIVED



Name in Full

Certificate of Death

Thomas E Stutzka

Town	<b>Corbett</b>	County	<b>Baltimore</b>	MARYLAND
------	----------------	--------	------------------	----------

Died at

Date 1903

Month May

Day 5

Y.

M.

D.

Native of  
**Mo**

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

**Fredrie Stutzka**

Mother's

Maiden Name

**Ella Miller**

Cause of

Primary

How long sick

Death

Immediate

**Premature Birth**

Accident, Suicide, Homicide

Reported by

**J. R. Payne**

151

Address

**Corbet Mo**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Charlie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		County <u>Baltimore</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>May</u>	Day <u>10</u>	Years <u>80</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Anapolis Md</u>			
Married, Single or Widowed <u>Widower</u>	Occupation <u>Day Laborer</u>				
Name of Wife or <u>Husband</u>					
Father's Name <u>Thomas</u>	Father's Birthplace <u>Anapolis Md</u>				
Mother's Maiden Name <u>Sophia Matthews</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>John Carroll</u>	How related to deceased <u>son of mother</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dropsy

How long

3 months

Immediate

Asthma

64

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

James York M.D.  
Reisterstown

Accident or Suicide?



Name  
in  
Full

Chas. M. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 5	Day 10	Age 73	Months	Days
Sex Male	Color or Race White	Occupation Farmer	Birth- place Maryland		
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Senile Dementia

How long

3 weeks

Immediate

Senility

How long

3 days

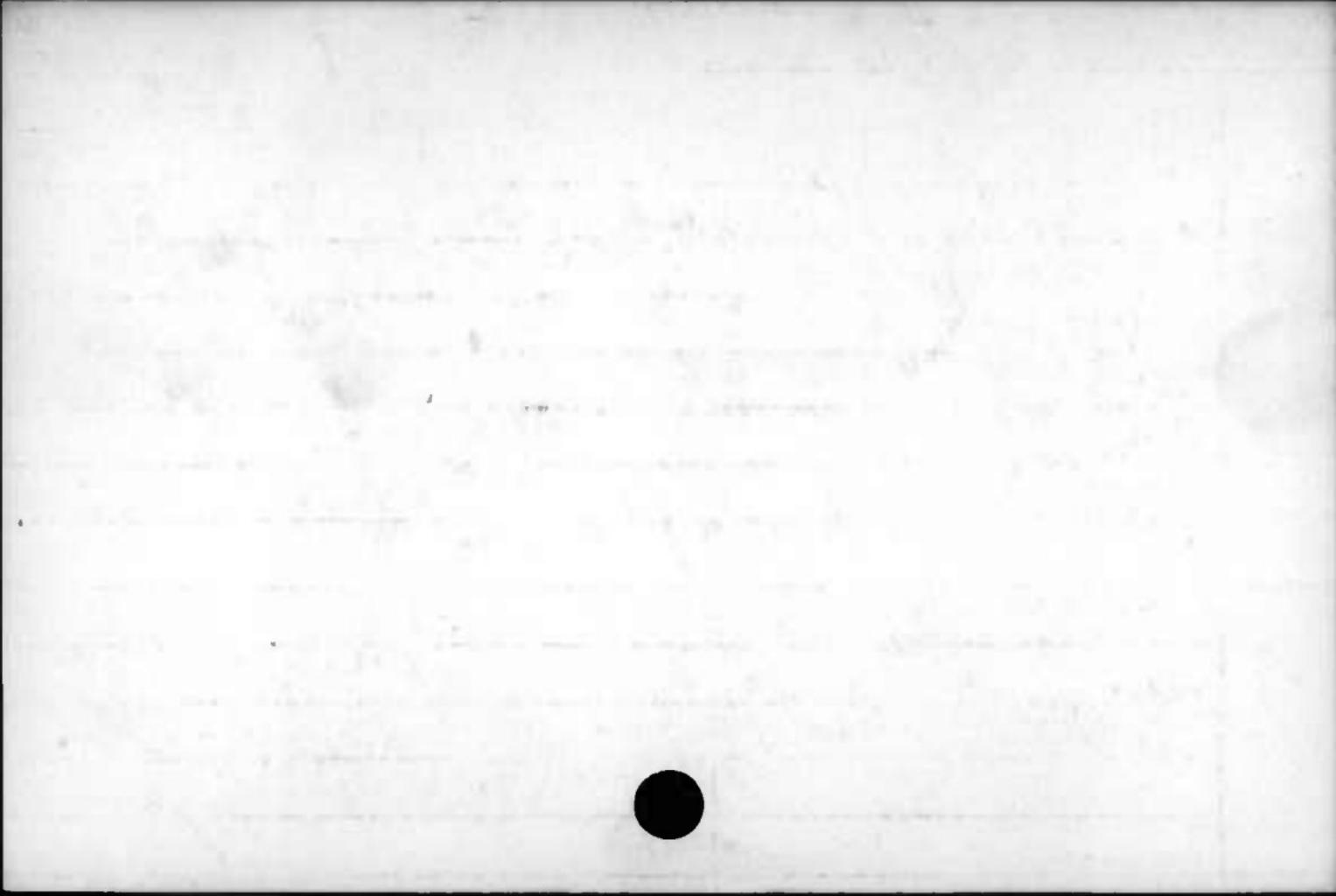
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Peacebodes  
Elkinsville  
Md.

Accident or Suicide?



Name  
in  
Full

Mary A. Tracy.

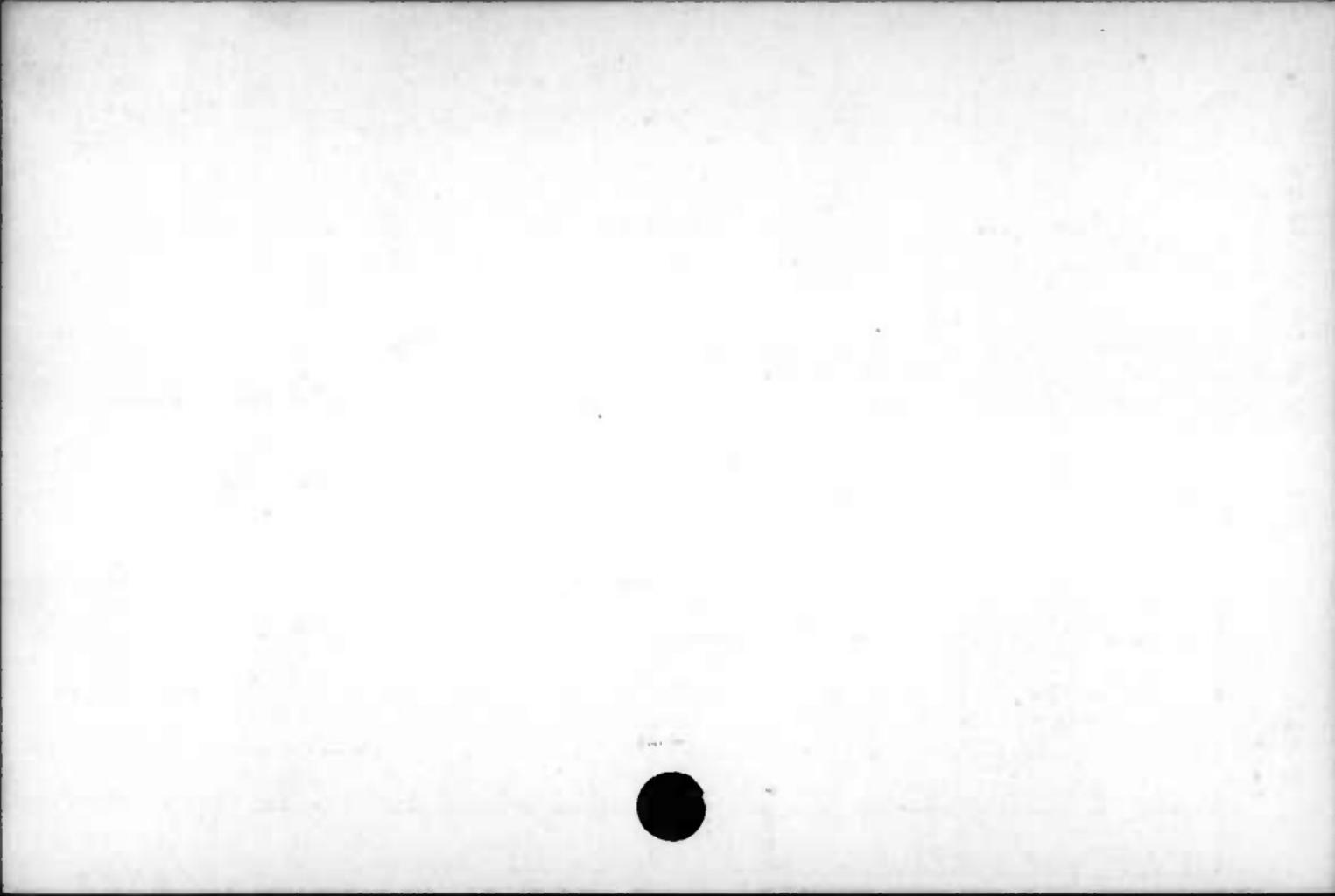
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month May	Day 18	Years 56	Months	Days
Sex Female	Color or Race White	Birth-place Maryland			
Married, Single or Widowed Single	Occupation Nurse				
Name of Wife or Husband					
Father's Name	AO Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Heart failure	How long
	Immediate	Bronchitis	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Barron Jr.
		Address	110 Main Street, Havre de Grace, Md.
Accident or Suicide?			



Name  
in  
Full

Rosely Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 1903	Month May	Day 21	Age 4	Years	Months 10	Days
Sex Female	Color or Race white	Occupation ✓		Birth-place Virginia		
Married, Single or Widowed Single						
Name of Wife or Husband						
Father's Name Bailey Tyler	53				Father's Birthplace Virginia	
Mother's Maiden Name Anna					Mother's Birthplace Virginia	
Name of person giving Information J. D. Virgine					How related to deceased Uncle	

CAUSES OF DEATH

Primary	Lymphatic Leukemia	How long	5 months
Immediate	Pneumonia	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	E. R. Drings

Address

1621 Lander Ave

Baltimore

Accident or Suicide?

Haymarket V.  
P.W.-Co.

Name  
in  
Full

Dzim Watachak -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed			Germany		
Name of Wife or Husband					
Father's Name	Dzim Watachak.			Father's Birthplace	Germany
Mother's Maiden Name	Josephine u c			Mother's Birthplace	Germany
Name of person giving information	Dzim oberwoski.			How related to deceased	Employer

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Wound made by sting of a Cat Fish	How long	6 days.
Immediate	Septic Poison and Exhastion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank St. Ruble
Yes		Address	Lansdowne, Balt G. Md
Accident or Suicide?			

W-Solnitsky

Name  
in  
Full

Herbert Penfield White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		
Died at Hoffmannville	Baltimore		
Date of death 1903	Month May	Day 13	Years 21
Sex Male	Color or Race white	Birth-place Baltimore Co	Months 10 Days 9
Married, Single or Widowed Single	Occupation Laborer		
Name of Wife or Husband			
Father's Name William T. White	Father's Birthplace Baltimore City		
Mother's Maiden Name Mattie Lubberman	Mother's Birthplace Maryland		
Name of person giving information William T. White	How related to deceased Father		

## CAUSES OF DEATH

Primary	Tuberculosis of Lungs -		How long One year
Immediate	Malnutrition - 27		How long 2 weeks,
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Address Joseph S. Baldwin Glenelg		
Accident or Suicide?	Baltimore Co		

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

*Sydeia Why  
Ballot.*

Died at

Town

Texas

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

 Male Female White Colored Married Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's Name

*Archie Why*

Mother's

Maiden Name

Cause of

Primary

How long sick

*about 2 weeks*

Death

Immediate

*Pneumonia*

Accident, Suicide, Homicide

Reported by

*Dr. Theo. C. Bussey*

Address

*Texas Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



		<i>John W. Miner</i>			
Died at		Town <i>Glyndon</i>	County <i>Baltimore</i>	MARYLAND	
Date 19	03	Month <i>May</i>	Day <i>24</i>	Y. <i>82</i>	M. <i>8</i>
Native of		D. <i>12</i>	Native of	Occupation	
Male		Age <i>82</i>	Native of <i>Moore</i>	Stone Mason	
Female		Married <i>Married</i>	Widow <i>Widow</i>	Divorced <i>No</i>	Number of children living <i>none</i>
Husband of					
Wife					
Father's Name		<i>Samuel Miner</i>		Mother's Maiden Name <i>Unknown</i>	
Cause of Death		Primary <i>Exposure - general cold</i>		How long sick <i>2 days</i>	
Death		Immediate <i>Pneumonia</i>		Accident, Suicide, Homicide	
Reported by		<i>Dr. B. R. Burnside</i>			
Address		<i>Buckeystown</i>		<i>Baltimore Co. Md.</i>	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bridge Cemetery May 31

Name in Full

Certificate of Death

Mary Eva Wolfe

Town

Canton

County

Baltimore

MARYLAND

Died at

1903  
Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Widow

Female

Colored

Widower

Number of children living

Age

79

Thomas

5

Single

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

about

mentioned

Accident Suicide Homicide

Reported by

Carcinoma of Uterus about one year

Exhaustion resulting from disease

Address

N. S. Reckard

910 Canton St Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Ellie Moose Wright*

Town

County

MARYLAND

Died at

Relaxed Park, Baltimore

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

74 yr

Md

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

/

Husband of

Wife

Father's Name

Cause of Death

Immediate

Reported by

Address

{ Mother's  
Name

Primary *Inflammation of the Bladder*,  
*Charcot's syndrome* from *Shock* How long sick

Immediate *Shock from pain & strickna*, Homicide

*Funny L. Cassidy MD*

*Relaxed Park*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Skwarz & Brown  
Undertakers.

Intermount Elkton  
Md.

Name  
in  
Full

William J. Geager

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Canton		Town	County	MARYLAND		
Date of death 1903	Month May	Day 10 <sup>th</sup>	Years	Age	Months	Days	
Sex Male	Color or Race White	Occupation	Birth-place Baltimore Co Md				
Married, Single or Widowed single	None						
Name of Wife or Husband							
Father's Name George Geager	Father's Birthplace Md						
Mother's Maiden Name Carrie B. Bentz	Mother's Birthplace Md						
Name of person giving information John F. Bentz	How related to deceased Grandfather						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Difficult delivery	How long 5 days
Immediate	Craboid Hemorrhage	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

Mount Carmel Cemetery

May 16 - <sup>th</sup> 1903

Germannus Thorne

Understated

Name  
in  
Full

Wm J. Zeh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Wm Hope Rehber</u>	County <u>Baltimore Co</u>	MARYLAND	
Date of death 1903	Month <u>May</u>	Day <u>20</u>	Age <u>68</u>	Months —	Days —
Sex <u>male</u>	Color or Race <u>white</u>	Occupation <u>Grocery Merchant</u>		Birth- place <u>Germany</u>	
Married, Single or Widowed <u>Married</u>					
Name of Wife or Husband —					
Father's Name —				Father's Birthplace —	
Mother's Maiden Name —		<u>68</u>		Mother's Birthplace —	
Name of person giving Information <u>Records of Wm Hope</u>				How related to deceased —	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Mania Chronic - Delirious</u>	How long —
Immediate <u>Sec. Expiration</u>	How long —
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank J. Flannery</u> Address <u>Wm Hope Rehber</u> <u>Baltimore Md.</u>
Accident or Suicide?	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jerome Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
3	Baltimore	Baltimore			
Date of death 1903	Month May	Day 11th.	Years 5-6	Months -	Days -
Sex Male	Color or Race White	Birth-place Belvoir			
Married, Single or Widowed Widower	Occupation Stone Mason.				
Name of Wife or Husband Not living					
Father's Name Alexander Zimmerman	Father's Birthplace Belvoir				
Mother's Maiden Name Rebecca Zimmerman	Mother's Birthplace Belvoir				
Name of person giving Information Howard Wacker	How related to deceased None				

CAUSES OF DEATH

Primary	How long
Immediate Heart Failure 179	How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Nicholas H. Hopel P. Coroner
Yes	Address	Pondiaton, Md.
Accident or Suicide? Ignorant		

A. S. Marshall

May 15-03

Heoburgh Cemetery

Name  
in  
Full

Fran & Fink

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1909	Month May	Day 3rd	Years 25	Months — Days —
Sex Male	Color or Race White	Birth-place Baltimore City		
Married, Single or Widowed Married	Occupation Marloress			
Name of Wife or Husband Annie M Kemp				
Father's Name Gerhard Fink	Father's Birthplace Germany			
Mother's Maiden Name Sylila Jahn	Mother's Birthplace Germany			
Name of person giving information Sylila Fink	How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inflammation of the lungs

How long

6 months

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

1830 E. Baltimore St

Baltimore Md

Accident or Suicide?

Hermanus France

Holy Redeemer Cem.

May 9th 1903

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Gertrude Zwick

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white	Birth-place	Germany	
Married, Single or Widowed	Married		Occupation	Housewife		
Name of Wife or Husband	Christian Zwick					
Father's Name						
Mother's Maiden Name						
Name of person giving Information	Husband Christian Zwick					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?		

